

Name
in
Full

Infant of Jones W. Ballord
Growth Hill

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Deals Island	Somerset	
Date of death	Month	Day	Years
1908	7	28	Age —
Sex	Color or Race	Birth-place	Days
Male	Black	Deals Island	9
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Unknown	Father's Birthplace	—
Mother's Maiden Name	Nettie T Ballord	Mother's Birthplace	Deals Island
Name of person giving information	Harriet Ballord	How related to deceased	Grandmother

PHYSICIAN
OR CORONER

CAUSES OF DEATH

64

How long

9 days

Primary

Natural Causes

Immediate

Apsalency

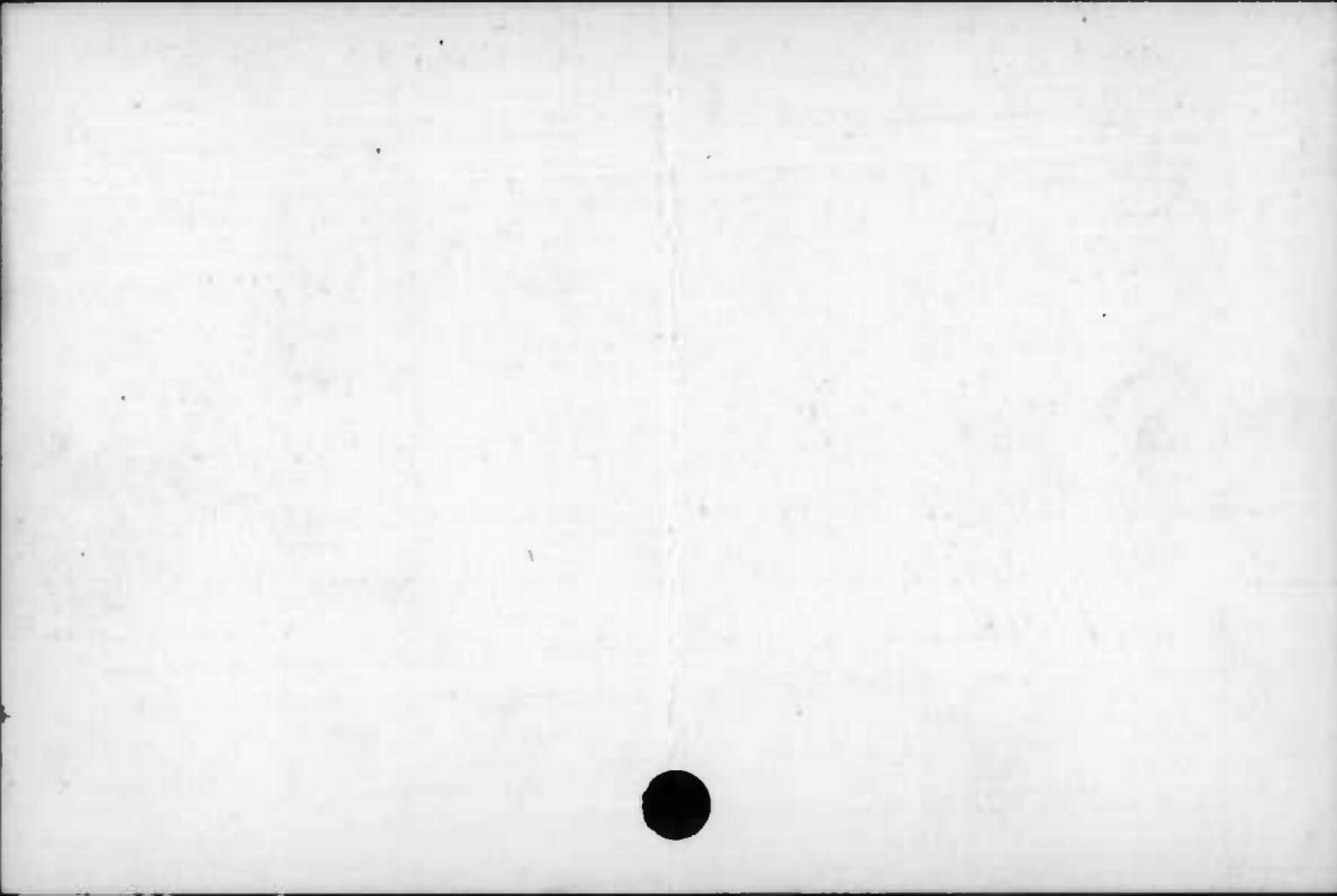
Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

Geo P. Horner
Local Register
Deals Island Md

Accident or Suicide?



Name
in
Full

Lydia Latour

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Brisfield	Somerset				
Date of death	Month	Day	Years	Months	Days
1908	July	13	Age 47	-	9
Sex	Color or Race	Birth-place			
Female	Colored	Brisfield			
Occupation	Where Residing if not at place of death				
Domestic	Geo Cottman				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Brisfield		
Married	Geo Cottman	Brisfield	Brisfield		
Father's Name	Mother's Maiden Name	Mother's Birthplace	Brisfield		
Thos Miles	Nancy Thomas	Brisfield	Brother		
Name of person giving information	S. C. Miles	How related to deceased	Brother		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	3 months
Immediate	Endocarditis	How long	7 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Sellosbury M.D.
yes		Address	Brisfield Md.
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John A. Leox						CERTIFICATE OF DEATH	
Died et	Town	Somerset			County	MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days	
1908	7	27	66	66	10	28	
Sex	Male	Color or Race	White	Birth-place	Maryland		
Occupation	Cyclist & Crab Catcher			Where Residing if not at place of death	Burfield, Md		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Leox	Father's Birthplace	Unknown		
Father's Name	Elwood (Anhygoph)			Mother's Birthplace	Unknown		
Mother's Maiden Name	Elwood (Unknown)			How related to deceased	None		
Name of person giving information	G. T. Ammons						

CAUSES OF DEATH

79

Primary	Initial Rejuntation leovulation of lungs	
Immediate	3 days	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		G. C. Simonsen
		Address
Accident or Suicide?	Burfield Md	



Name
in
Full

Kevin James Cullen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	Maryland	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Black	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Lewis Cullen				
Mother's Maiden Name	Milley Long				
Name of person giving Information	Lewis Cullen				
Father's Birthplace Annapolis					
Mother's Birthplace Maryland					
How related to deceased Father					

CAUSES OF DEATH

179

Primary General Exhaustion

How long

1 day

Immediate

How long

1 "

Are the name, age, sex, color, date and place correctly given above?

yes

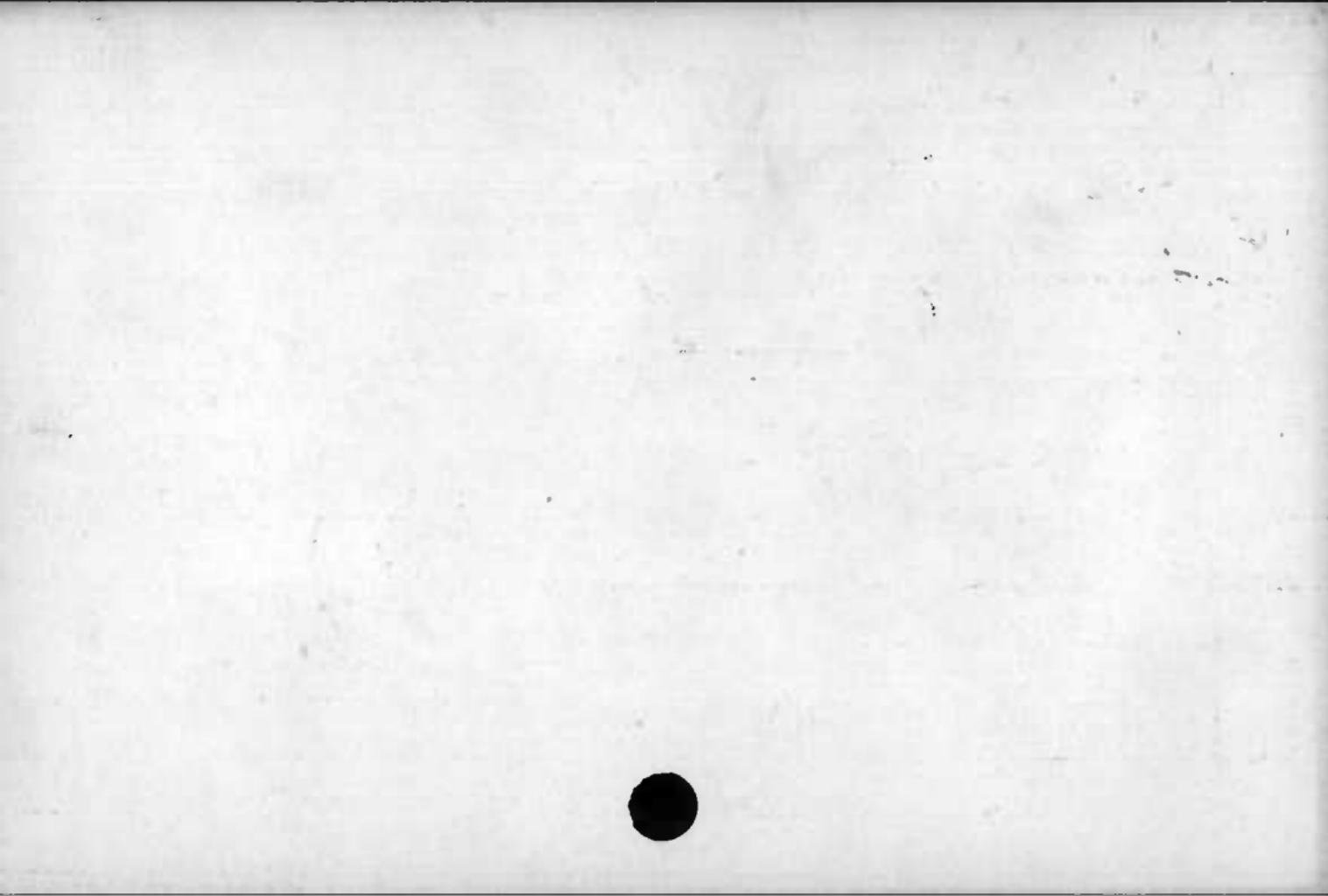
Signature of Physician

None

Address

Ed Lankford - But Reg
Maryland

Accident or Suicide?



Name
in
Full

millard Dayton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at <u>Victor</u>	Month	Day	Years	Months	Days	
Date of death <u>1908 July 24</u>			Age <u>49</u>			
Sex <u>male</u>	Color or Race <u>white</u>			Birth-place	<u>Md.</u>	
Occupation <u>waterman</u>	Where Residing if not at place of death <u>-</u>					
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Leora Dayton</u>	Father's Name <u>Millard Dayton</u>	Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>	How related to deceased	Brainlaw			
Name of person giving information <u>Joe D. Dashely</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic nephritis

Immediate

Uremia

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

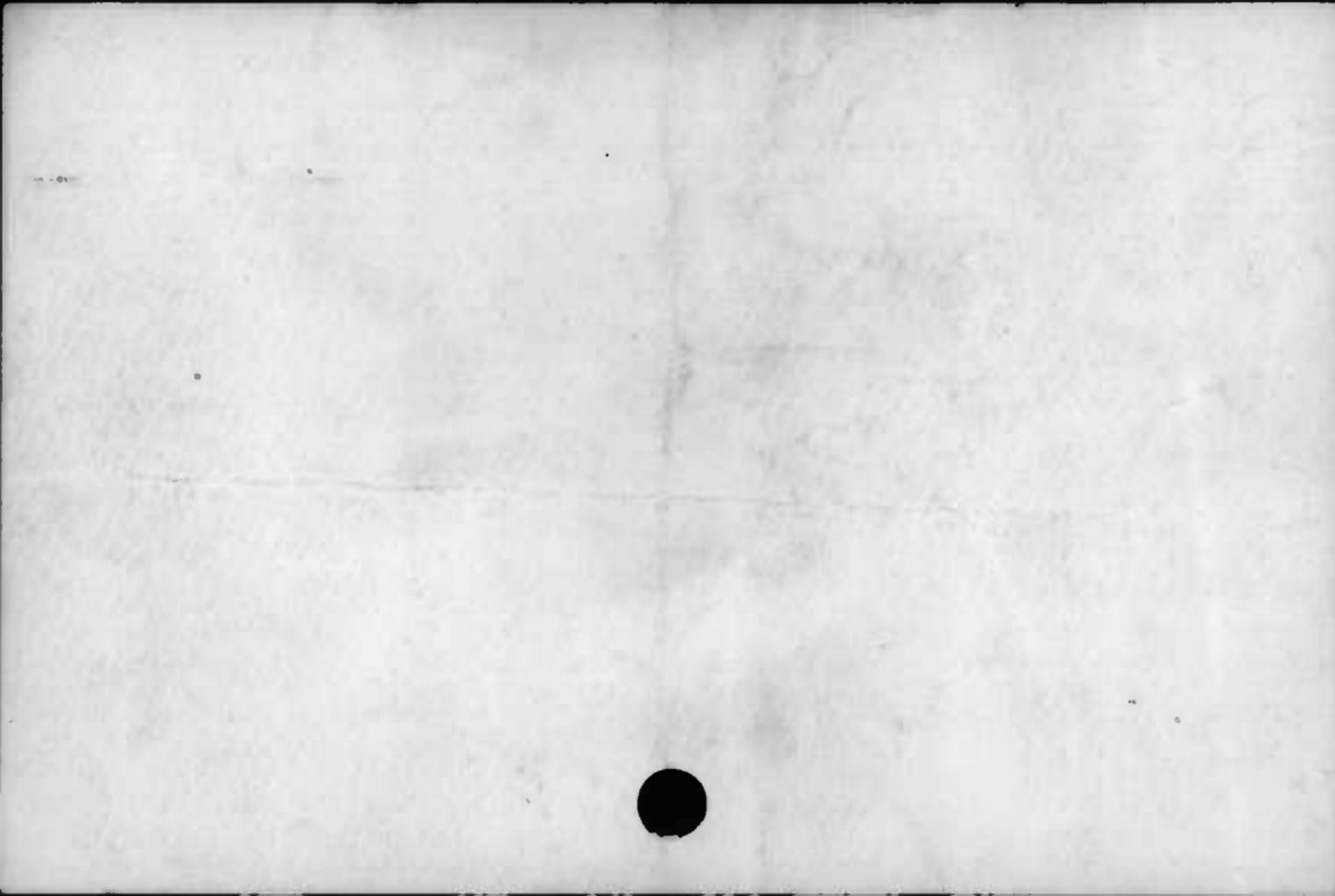
Charles Drinker, M.D.

Address

Glennwood Avenue,

Md

Accident or Suicide?



Name
in
Full

William Dwyer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1908	Month July	Day 11	Years 2	Months 6 Days -
Sex Male	Color or Race white	Age	Birth- place Md	
Occupation	Where Residing if not at place of death ✓			
Married, Single or Widowed	Name of Wife or Husband ✓	Father's Name Calixis P. Dwyer	Father's Birthplace Md	
Mother's Maiden Name Bessie Cartey		Mother's Birthplace Md		
Name of person giving Information	Jefferson W. Dwyer Male.			

CAUSES OF DEATH

167

How long

5 days

How long

5 hours.

PHYSICIAN
OR CORONER

Primary Residential Scald.

Immediate Sudden Collapse

Are the name, age, sex, color, date
and place correctly given above?

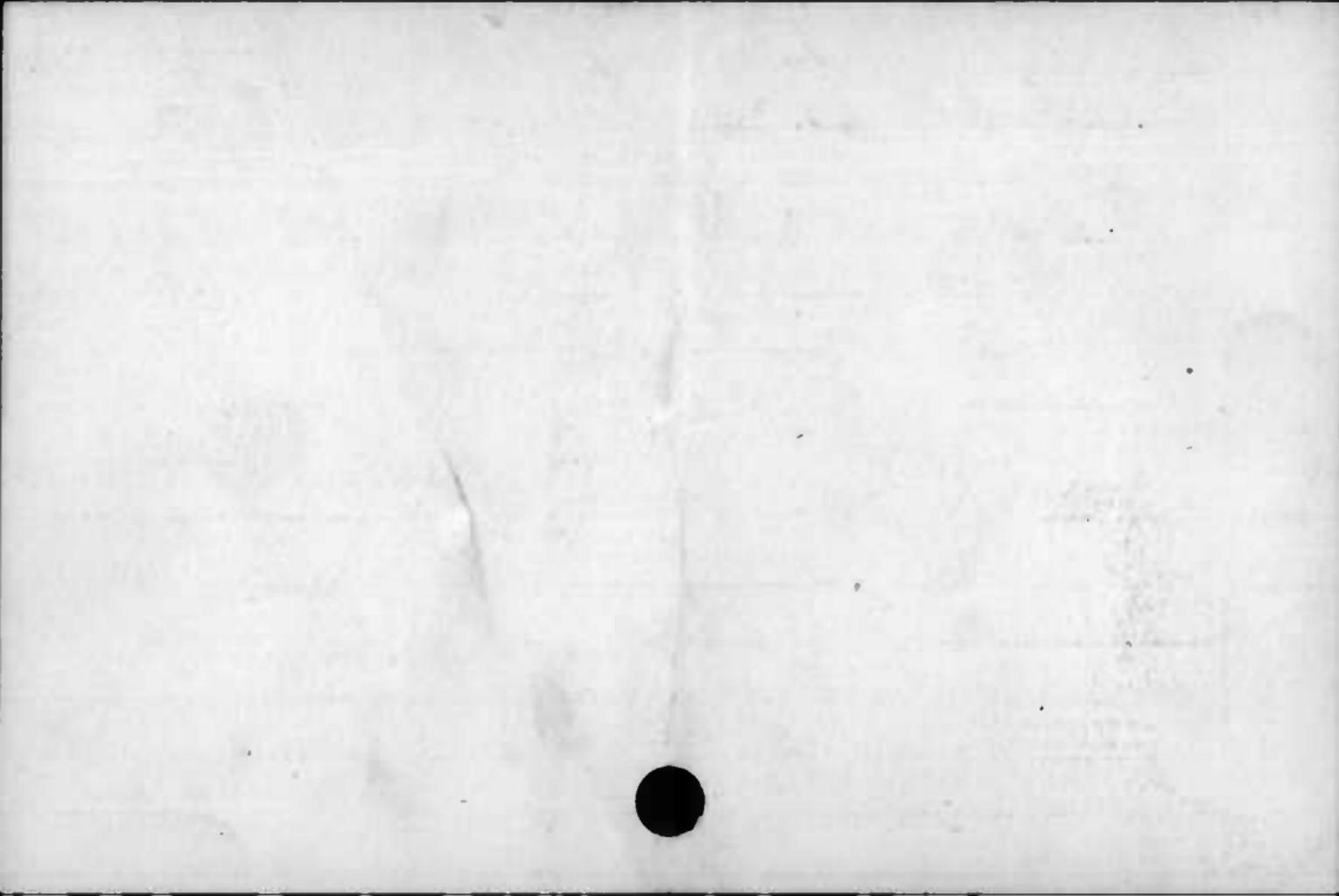
Signature of
Physician

Address

Mobilian
Greensboro City.

Accident or Suicide?

Accident



Name
in
Full

May Ellen Crans

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	5	11	21
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Edward Ayers Crans	✓ Father's Birthplace Suttle Id			
Mother's Maiden Name	Addie Bradshaw	Mother's Birthplace Suttle Id			
Name of person giving Information	Ellen Bradshaw	How related to deceased Grandfather			

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary

Murkhamus cramp

How long

10 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

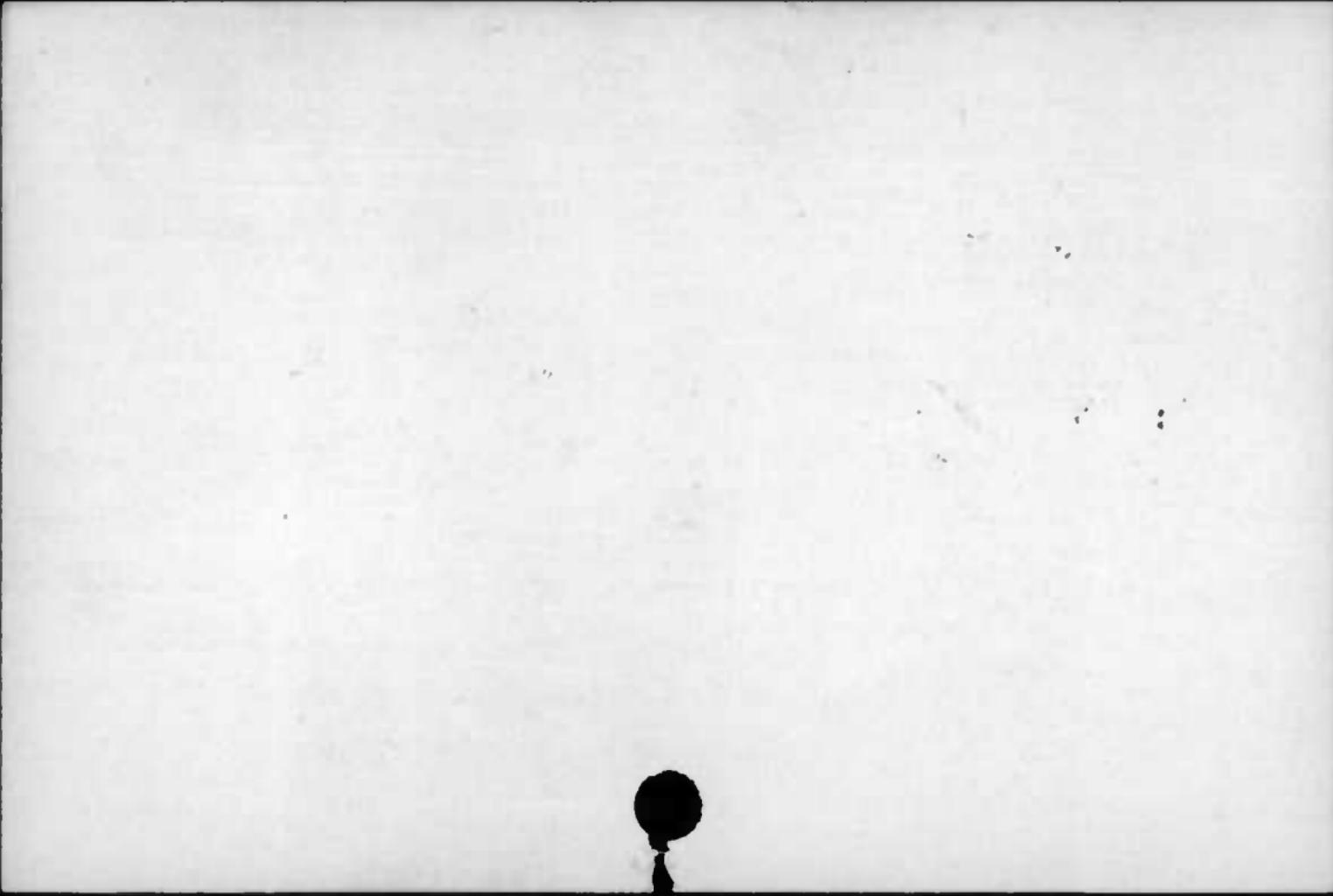
Signature of
Physician

Address

P. H. Crans

Suttle
Md.

Accident or Suicide?



Name
in
Full

Wm. Davy Evans

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Marion	Town	County	MARYLAND			
Date of death	1908	Month July	Day 17	Age	Years —	Months 2	
Sex	Male	Color or Race	Black	Birth-place	New Marion		
Occupation	Where Residing if not at place of death					4 4	
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Levin Evans		Father's Birthplace	Marion			
Mother's Maiden Name	Violet Kenny		Mother's Birthplace	4			
Name of person giving information	Dennis Kenny		How related to deceased	Uncle			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Stomach trouble

105

How long

3 weeks

Immediate Cholera Infantum

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

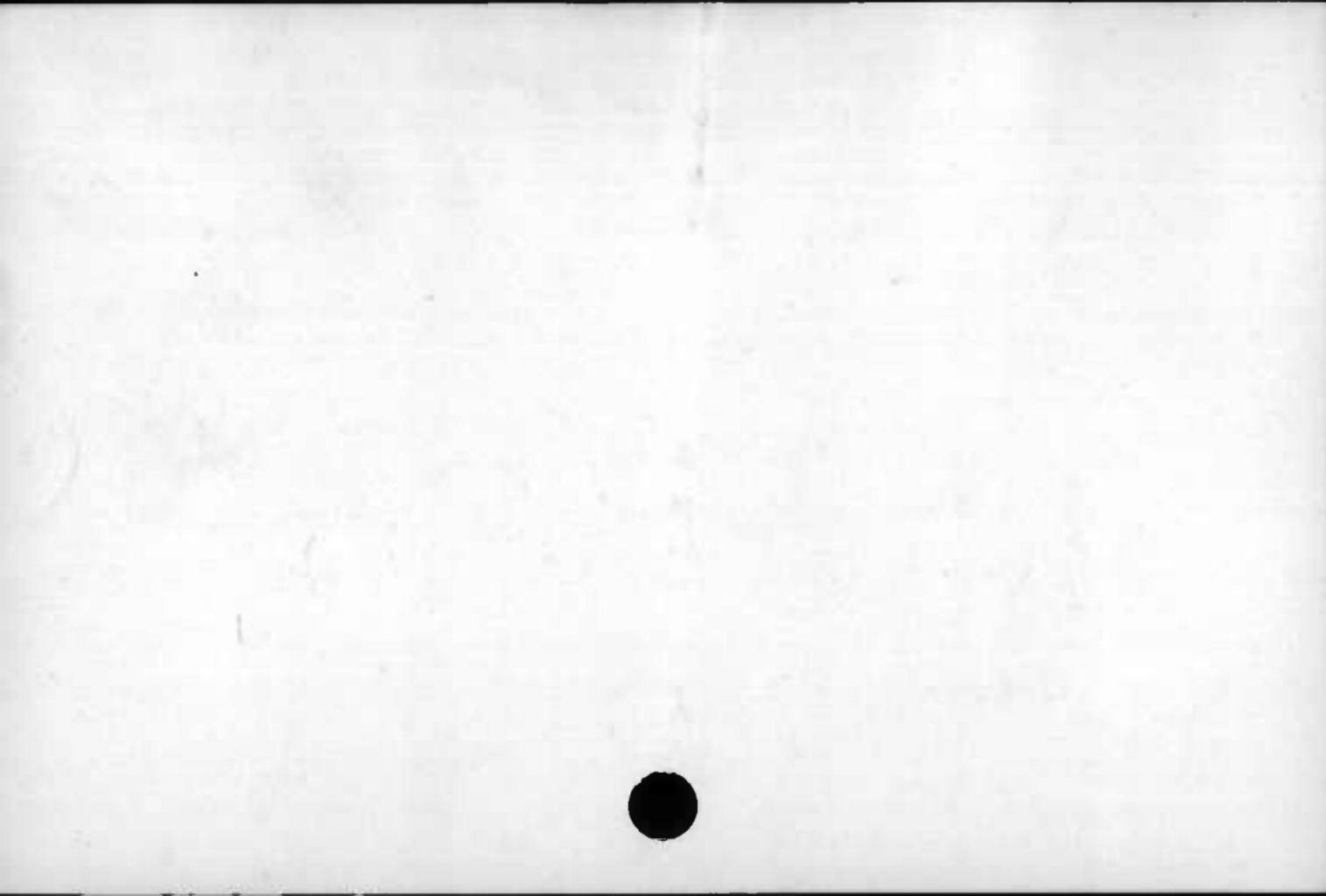
Yes.

Address

I. Q. B. Allen M.D.

Marion
Md.

Accident or Suicide?



Name
in
Full

Pearl Gordy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1908	Month July	Day 11 th	Years	Month 11	Days
Sex	Female	Color or Race	Colored.			
Occupation	Where Residing if not at place of death Somerset County					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	W. H. Gordy					
Mother's Maiden Name	Beethie Ballard					
Name of person giving Information	Grover Gordy					

CAUSES OF DEATH

14

How long

three weeks

How long

one week

Primary

Dysentery

Immediate

gravid decline

Are the name, age, sex, color, date and place correctly given above?

yes

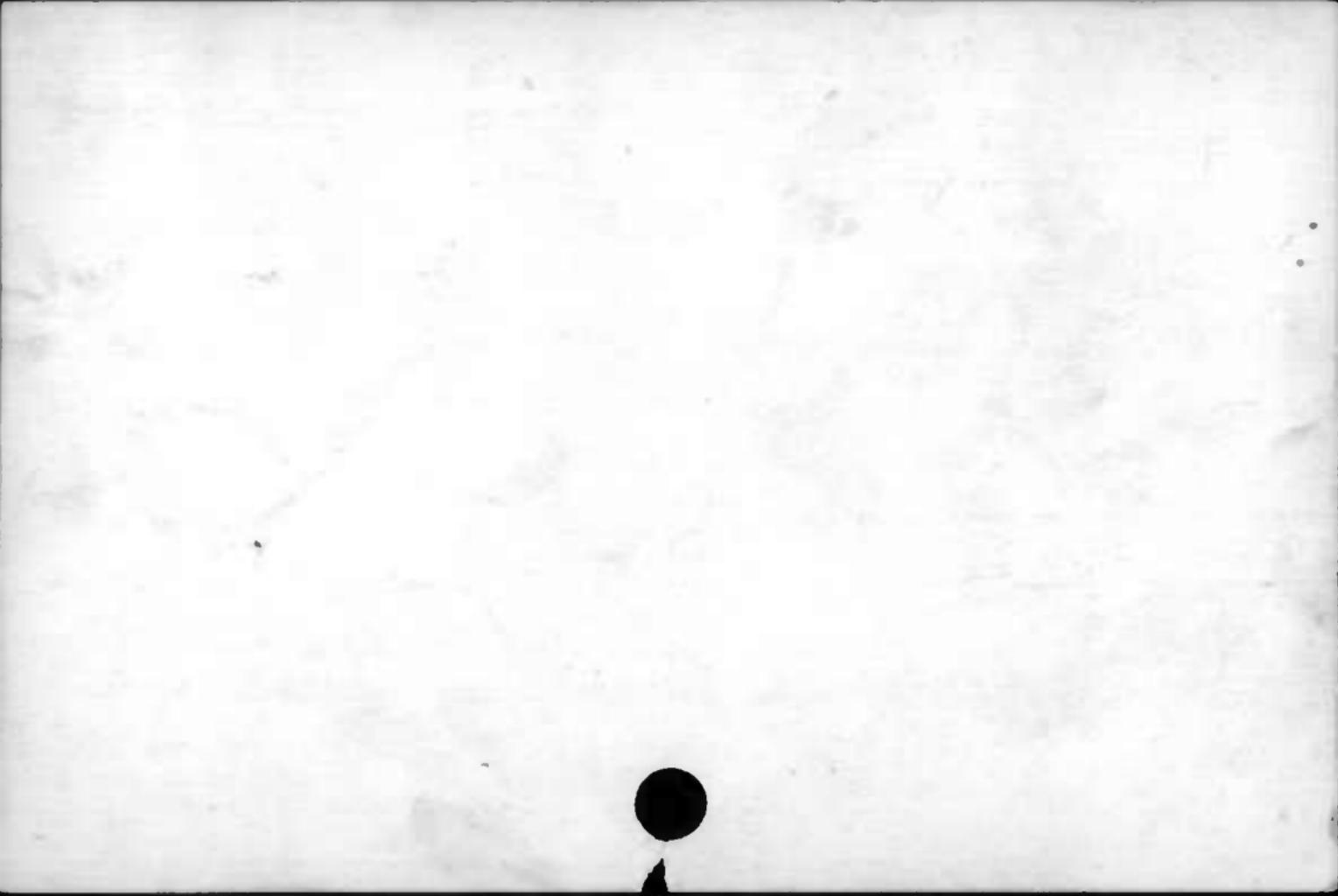
Signature of Physician

Address

J. W. P. Swain M.D.

8 Broad St.
Somerset, Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joseph W. Gross					
Died at Princess Anne		Town		County	
Date of death 1908	Month July	Day 20	Years 33	Age	Months — Days —
Sex Male	Color or Race White	Birth-place Wilmington Del.			
Occupation Painter	Where Residing if not at place of death Princess Anne Md.				
Married, Single or Widowed Married	Name of Wife or Husband Olivia Cauney (Gross)	Father's Birthplace			
Father's Name	Mother's Birthplace				
Mother's Maiden Name	How related to deceased Brother's Law.				
Name of person giving information	Monza Cauney				
CAUSES OF DEATH					
Primary	79				
Immediate	Unknown				
Congestion of Lungs					
How long 1 Month.					

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

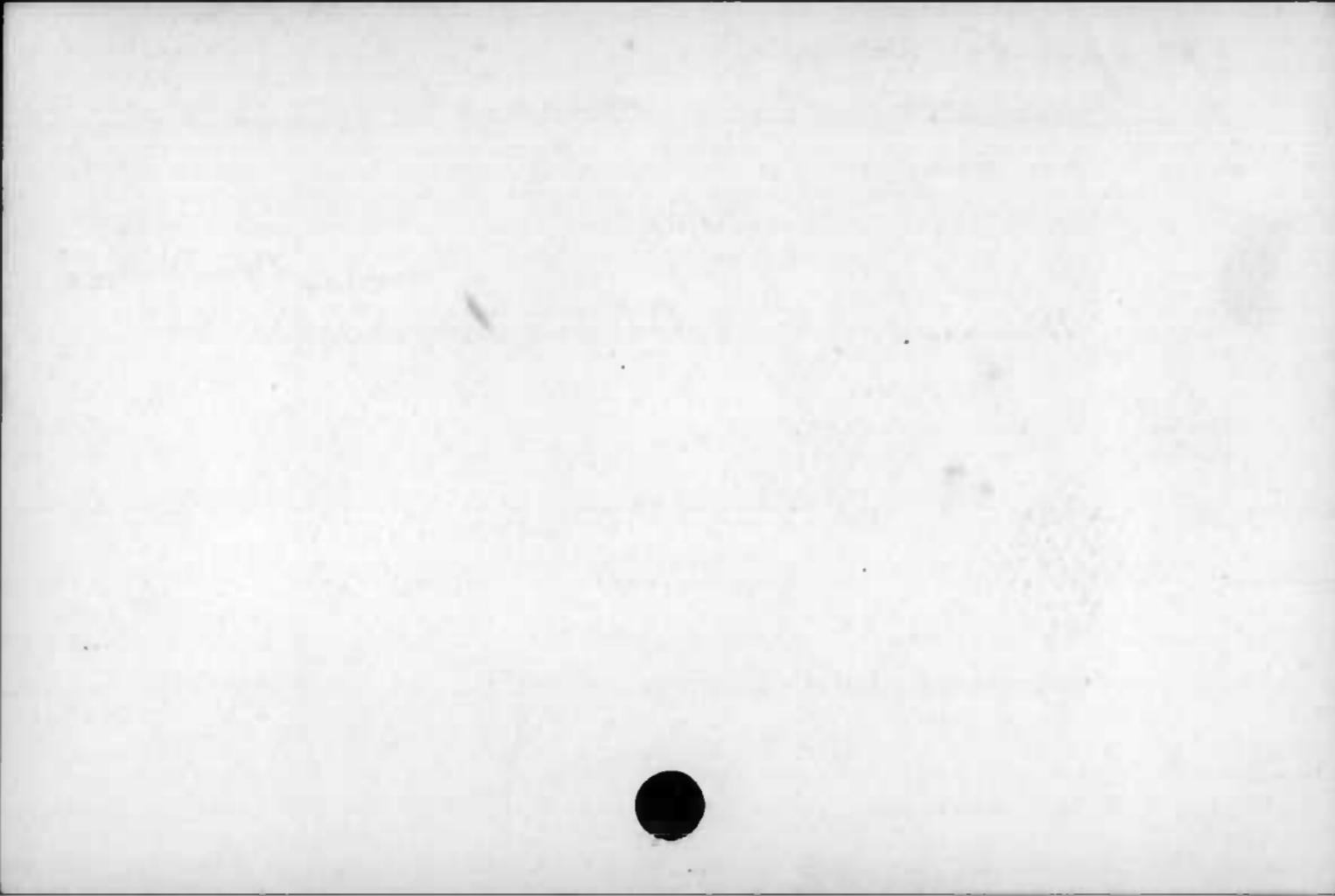
Thos. W. Wainwright

Address

Princess Anne

Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Aure Hayman

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Somerset				
Occupation	Houswife	Where Residing if not at place of death		Somerset Co Princetown Md			
Married, Single or Widowed	Married	Name of Wife or Husband	Harrison Hayman				
Father's Name	Ortisius Jones			Somerset Co			
Mother's Maiden Name	Lesh Fooks			Somerset Co			
Name of person giving information	Harrison Hayman			How related to deceased Husband			

CAUSES OF DEATH

14

How long

3 weeks

How long

16 wks

Signature of Physician

Address

Dhos. W. Daunwright
Princetown
Md

PHYSICIAN
OR CORONER

Primary

Dysentery

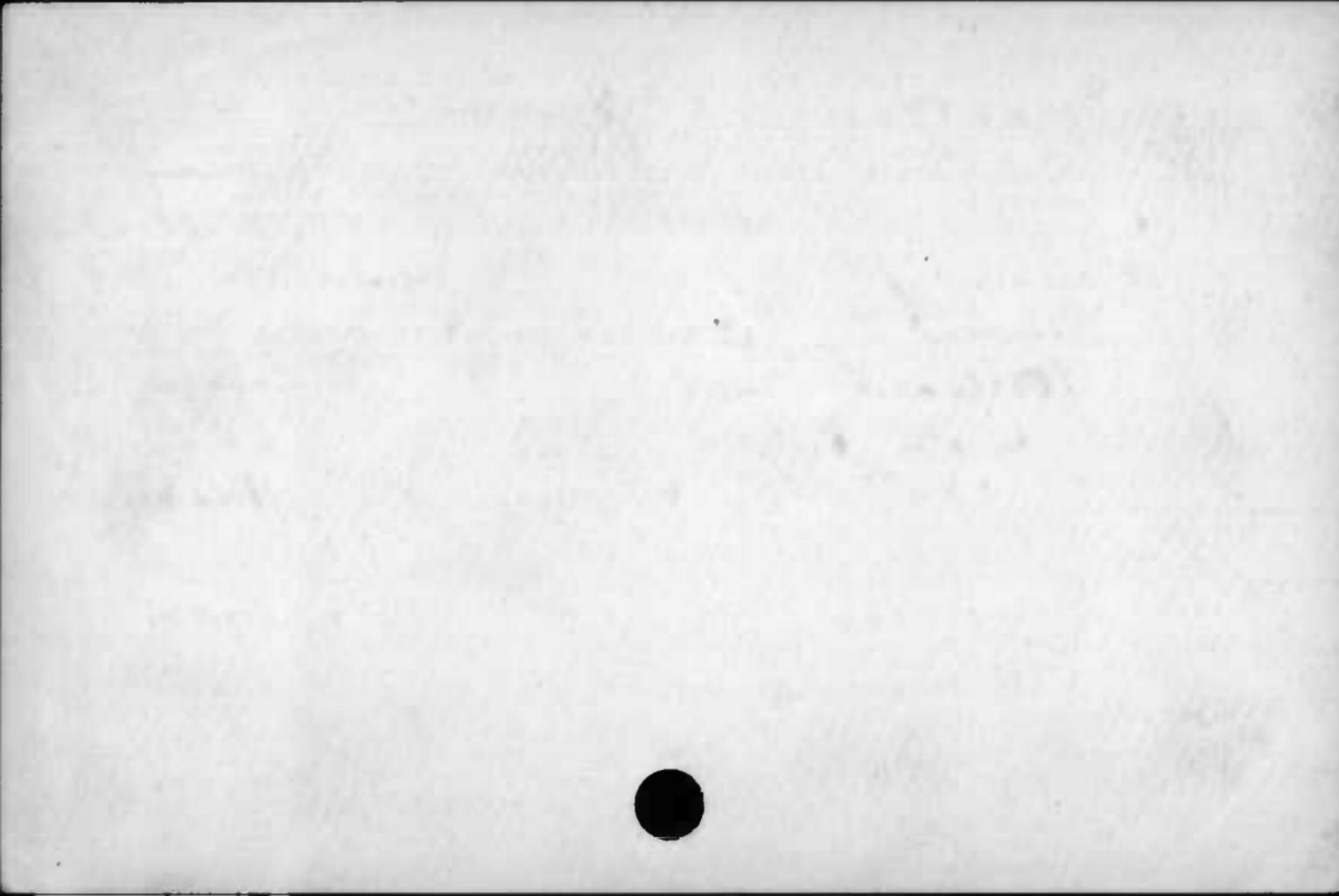
Immediate

Asphyxia

Are the name, age, sex, color, date and place correctly given above?

Yes

Accident or Suicide?



Name
in
Full

Dorothy Holderness

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1908	Month July	Day 21	Years 21
Sex Female	Color or Race Black	Birth-place and	Months -
Occupation Housewife	Where Residing if not at place of death ✓	Days -	
Married, Single or Widowed Married	Name of Wife or Husband Stanley Holderness		
Father's Name Grant Overbay	Father's Birthplace and		
Mother's Maiden Name Ford Fields	Mother's Birthplace and		
Name of person giving information Stanley Holderness	How related to deceased Husband		

CAUSES OF DEATH

27

How long

How long

PHYSICIAN
OR CORONER

Primary

Tuberculosis

Immediate

Asthma

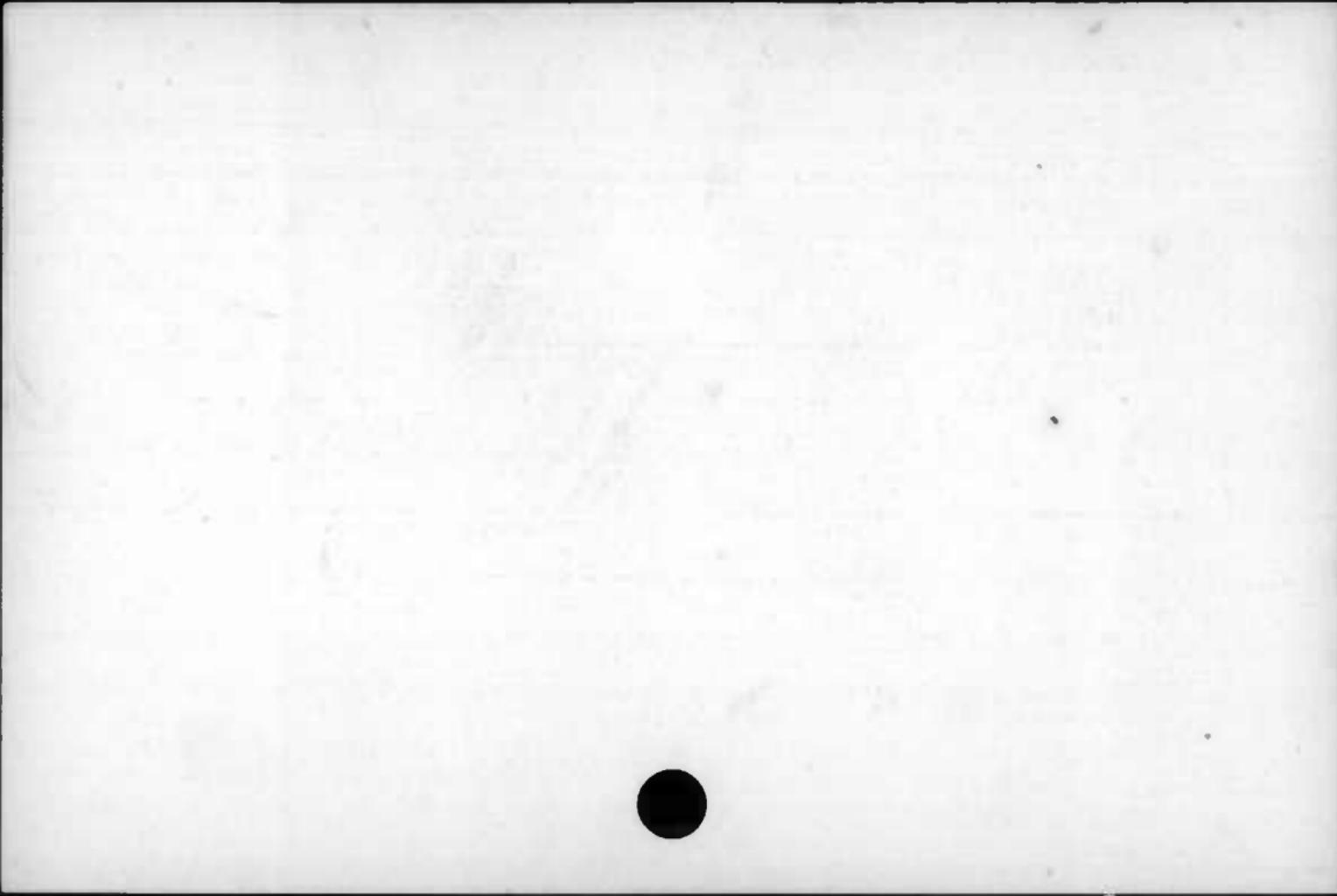
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Fisher
Princess Anne
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Maryland
Father's Name	John Horsley	Mother's Birthplace	Marien
Mother's Maiden Name	Minnie Byrd	John Horsley	Marien
Name of person giving Information	John Horsley	How related to deceased	Father

CAUSES OF DEATH

151

Hour long

10 day

PHYSICIAN
OR CORONER

Primary

Ethouston

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

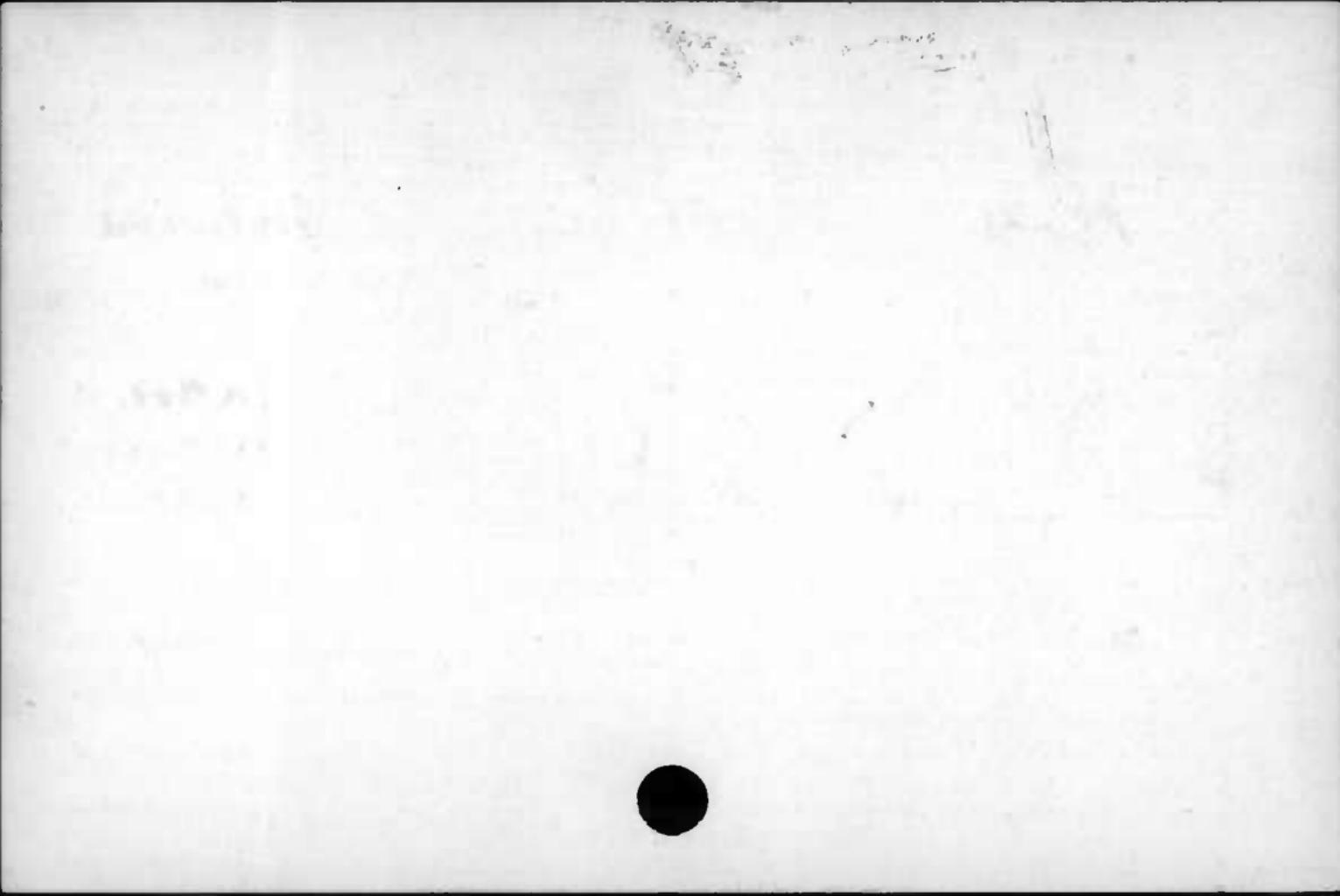
Signature of Physician

none

Address

E A Link & Co. Ltd Reg
Marien Station LIBRARY BUREAU MEMBER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Name of Father					Father's Birthplace
Mother's Maiden Name	Name of Mother					Mother's Birthplace
Name of person giving Information						How related to deceased
CAUSES OF DEATH						
Primary	Tuberculosis					
Immediate	Asthma					
How long						
6 mos.						
How long						
—						

27

Are the name, age, sex, color, date and place correctly given above?

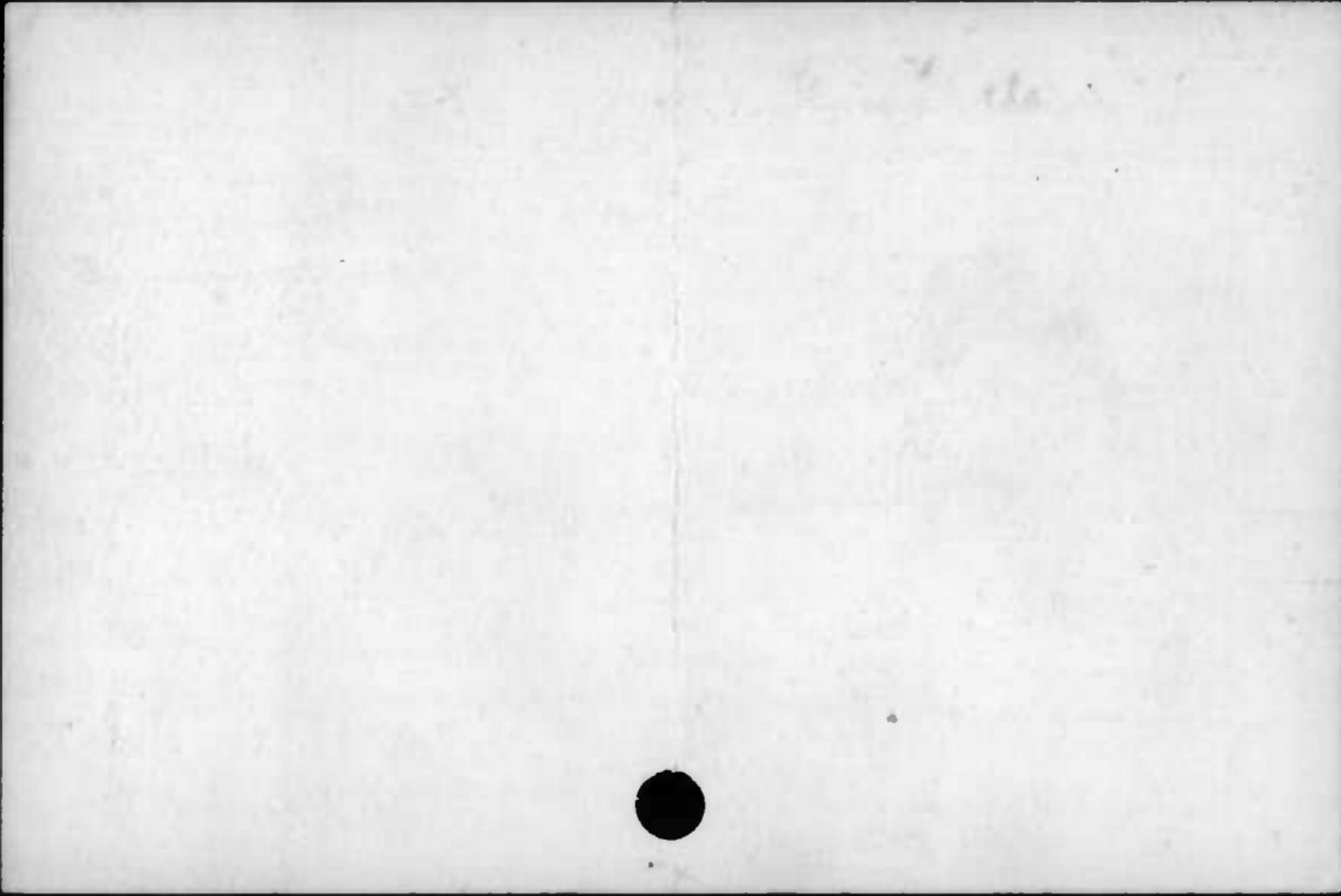
Yes

Signature of Physician

Address

S. J. Winder III
521 Main Street
Somerset, Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elton J. Farmer

CERTIFICATE OF DEATH

Died at

Town

Belles, Tudor Somerset

MARYLAND

Date
of death

1908

Month

7

Day

11

Years

7

Months

6

Days

0

Age

Sex

Male

Color or
Race

White

Birth-
place

Somerset

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

James G. Farmer

Father's
Birthplace

Somerset

Mother's
Maiden Name

Bettie Boyman

Mother's
Birthplace

Name of person giving
Information

James J. Farmer

How related
to deceased

" " Father

CAUSES OF DEATH

Primary

Her-Oritis

105

Newspaper

Immediate

Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?

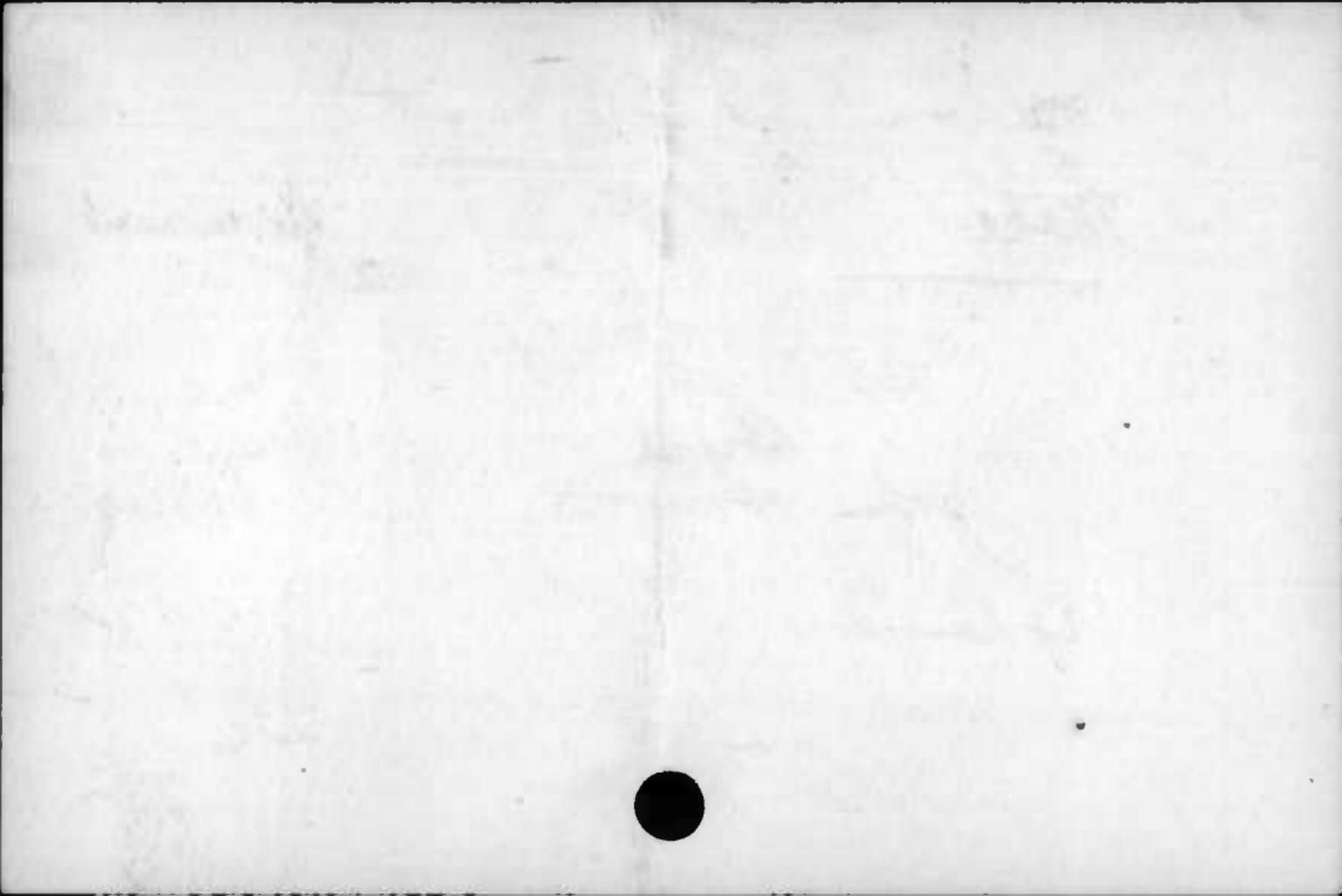
yes

Signature of
Physician

Address

S. J. Wimsey, M.D.
James Shadix,
Syr., C., M.D.

Accident or Suicide?



Name
in
Full

Wm A. Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

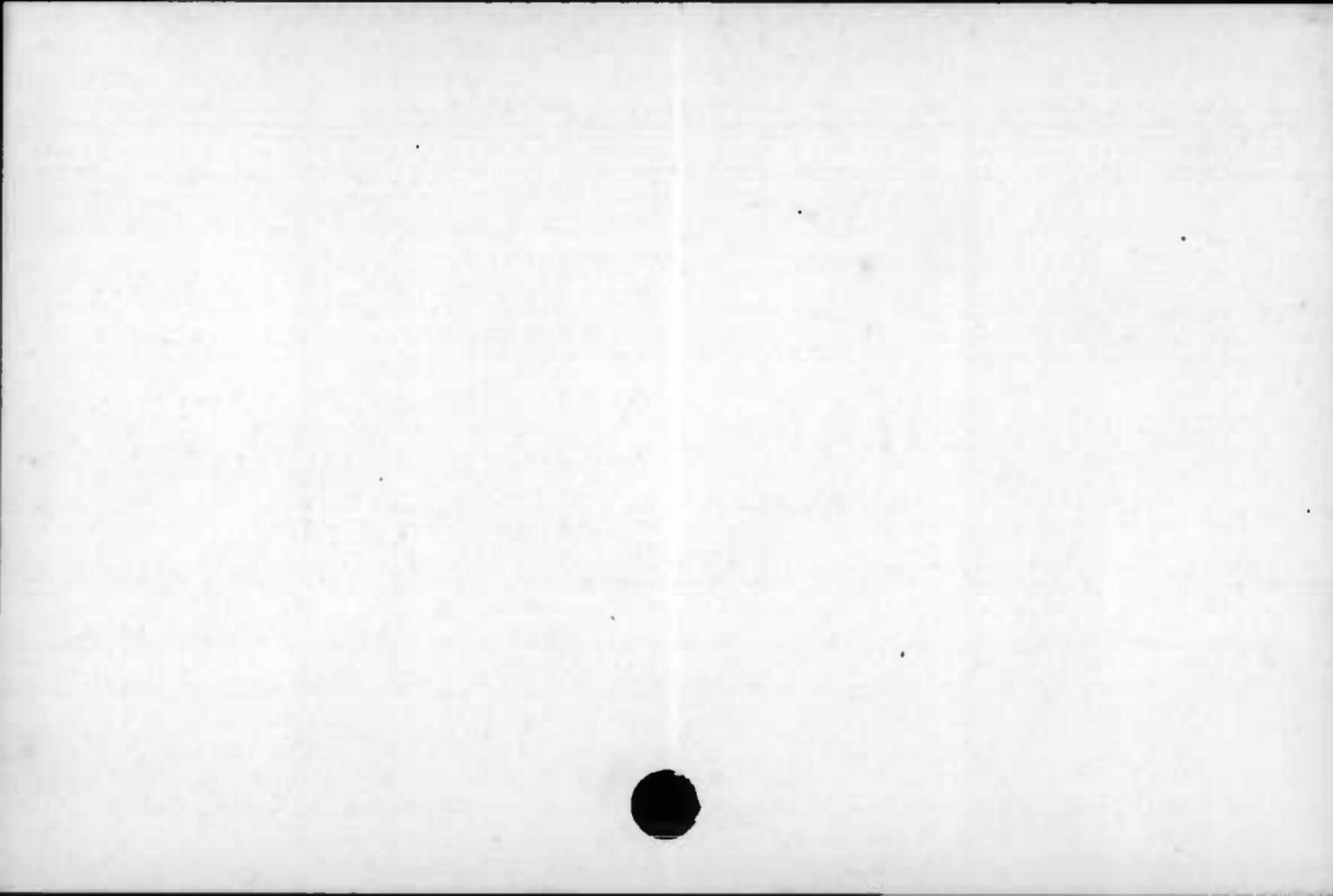
Died at <u>Upper Fairmount</u> <u>Town</u> <u>Somerset</u> <u>County</u>				MARYLAND		
Date of death <u>1908</u>	Month <u>July</u>	Day <u>26</u>	Years <u>75</u>	Months <u>00</u>	Days <u>00</u>	
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Somerset County</u>				
Occupation <u>Peacher</u>	Where Residing if not at place of death <u>Upper Fairmount</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Julia Johnson</u>					
Father's Name <u>Noah Johnson</u>	Father's Birthplace <u>Somerset Co.</u>					
Mother's Maiden Name <u>Agusta Johnson</u>	Mother's Birthplace <u>Somerset Co.</u>					
Name of person giving information <u>H. S. Wilson & F. E. Johnson</u>	How related to deceased <u>Brother</u>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <u>Old age</u>	How long <u>don't know</u>
Immediate <u>old age</u>	How long <u>don't know</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Frank L. Landau D.P.</u>
	Address <u>Landonville, Somerset Co.</u>
Accident or Suicide? <u>suicide</u>	



Name
in
Full

Norris Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Years	Months	Days	
1908	July	12	—	—	
Age	65				
Sex	Male	Color or Race	Bk	Birth-place	Somerset,
Occupation	Farmer	Where Residing if not at place of death	Flora Jones		
Married Single Widowed		Name of Wife or Husband	Flora Jones	Father's Birthplace	MD
Father's Name	Geo Jones	Mother's Birthplace			
Mother's Maiden Name	Jasmin Jones	How related to deceased	son		
Name of person giving information	Marshall Jones				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary

Otunaphlaenia
Ex haemorrhage

How long

bmr

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

How long

3 days

Ralph G. Stoyt
Drivly MD

Accident or Suicide?

No

From Gov R. marsh

Name
in
Full

Sidney C. King

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife - Husband	Sanna	✓
Father's Name	Robt King	King	Md.
Mother's Maiden Name	Julie Ann Gittens		Md.
Name of person giving information	P. A. Sidney	How related to deceased	Nephew

CAUSES OF DEATH

27

How long

2 yrs

4 mo

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Yrs

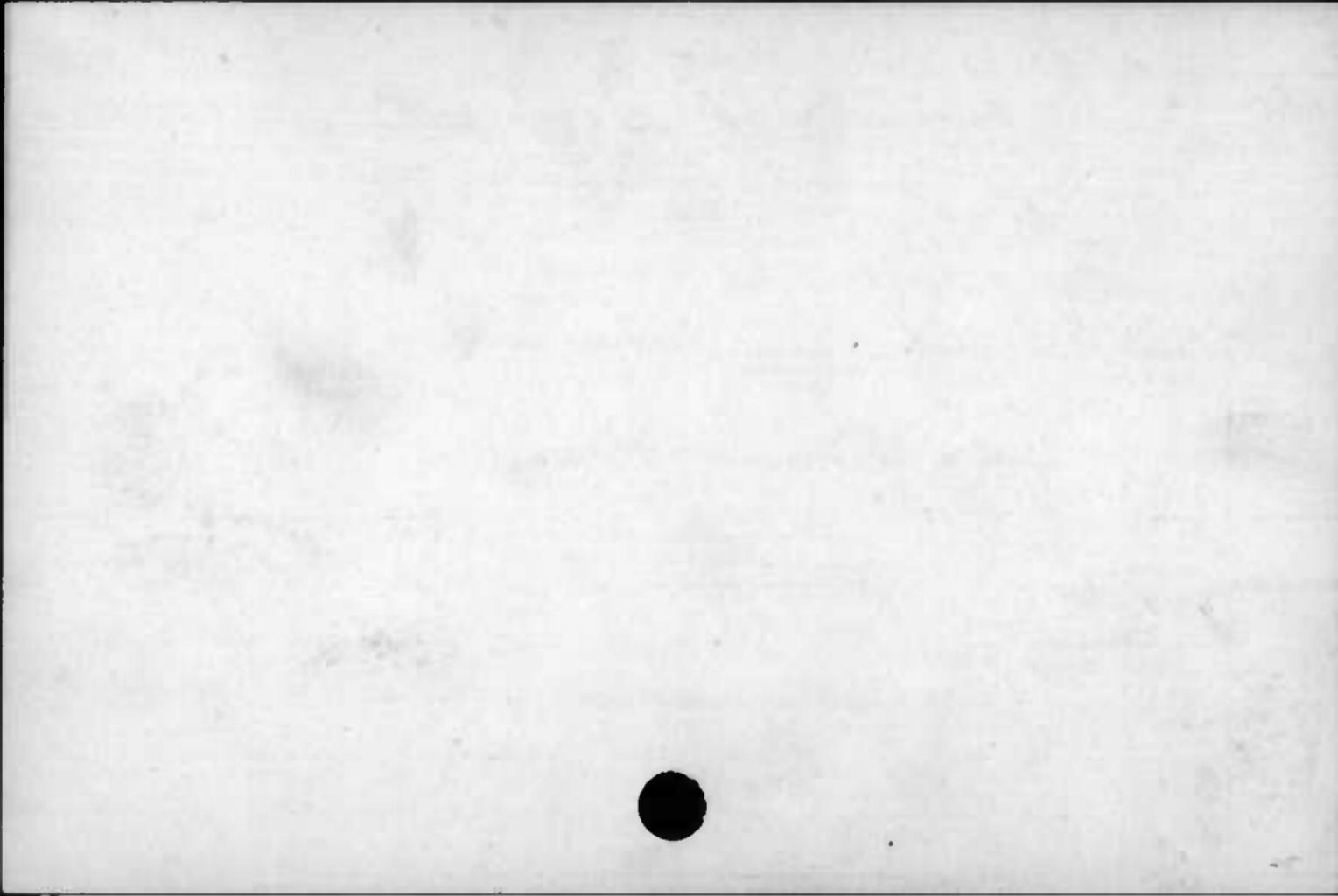
Signature of
Physician

Address

J. M. Miller
Preserve City

Accident or Suicide?





Name
in
Full

James Arthur Lane

CERTIFICATE OF DEATH

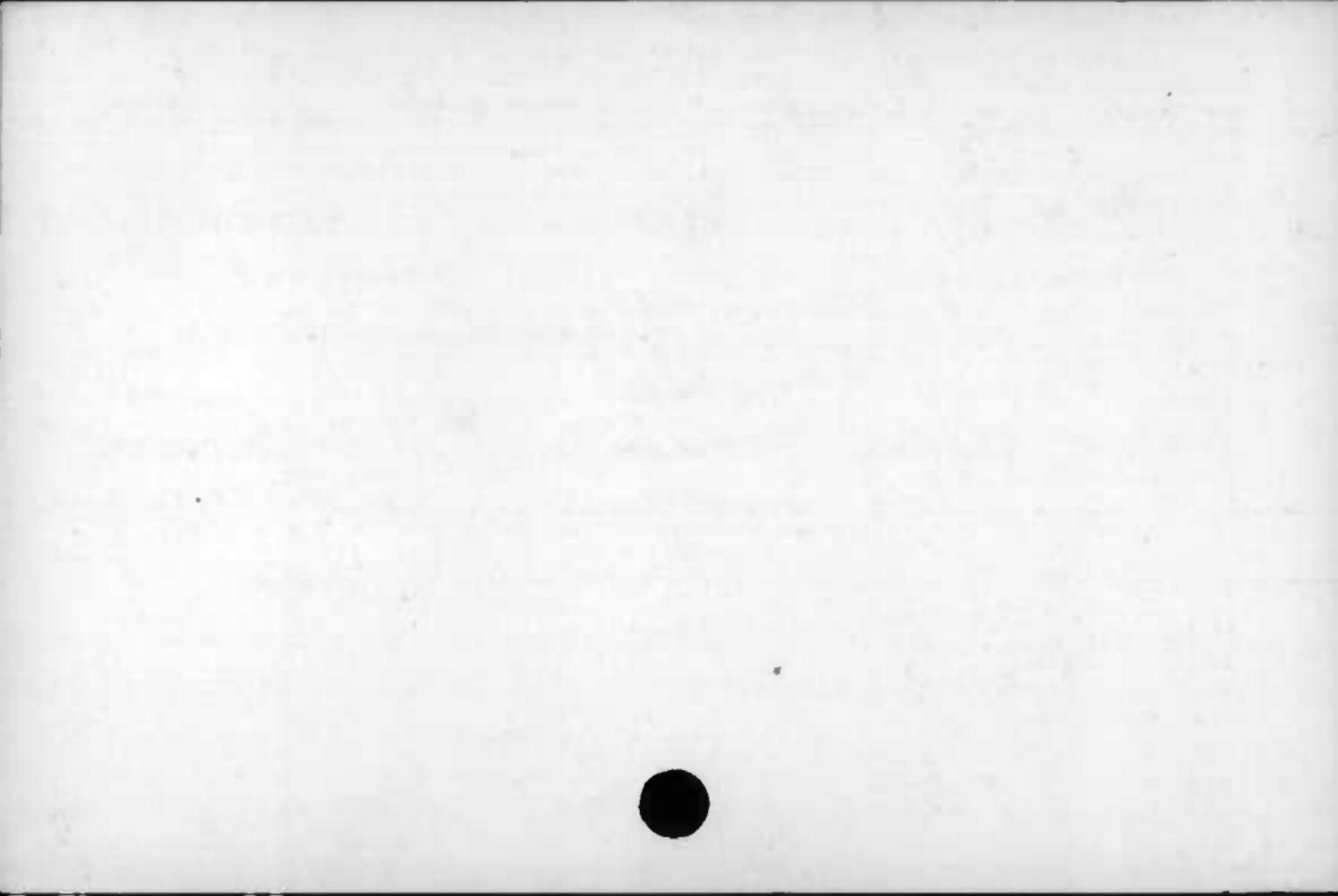
To BE ANSWERED BY
NEAREST FRIEND

Died at	Hopewell		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1908	July	15	18	11	
Sex	Color or Race	White		Birth-place	Virginia
Occupation	Farmer		Where Residing if not at place of death	I	
Married, Single or Widowed	Single	Name of Wife or Husband	I		
Father's Name	Lewis W. Lane		Father's Birthplace	va	
Mother's Maiden Name	Annie E. Paret		Mother's Birthplace	va	
Name of person giving information	Annie E. Lane		How related to deceased	Mother	
CAUSES OF DEATH					
Primary	Tuberculosis		How long	one year	
Immediate	Exhaustion		How long	—	

27

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. F. Stael
		Address	Orfield Mo
Accident or Suicide?	no		



Name
in
Full

Betsy Lankford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	
Portia, Acad.		Somerset		
Date of death	Month	Day	Years	Months Days
1908	7	16	75	— —
Sex	Color or Race		Birth-place	
Female	Friend		Somerset Co	
Occupation	Where Residing if not at place of death			
Housedwife	Somerset Co			
Married, Single or Widowed	Name of Wife or Husband		Other Lankford	
Married	George Lankford		Somerset Co	
Father's Name	Father's Birthplace			
George Lankford	Somerset Co			
Mother's Maiden Name	Mother's Birthplace			
Betsy Lankford	Somerset Co			
Name of person giving information	How related to deceased			
Shir Lankford	Husband			

CAUSES OF DEATH

27

How long

1 Year

How long

PHYSICIAN
OR CORONER

Primary

Tuberculosis

Immediate

Ascertained

Are the name, age, sex, color, date and place correctly given above?

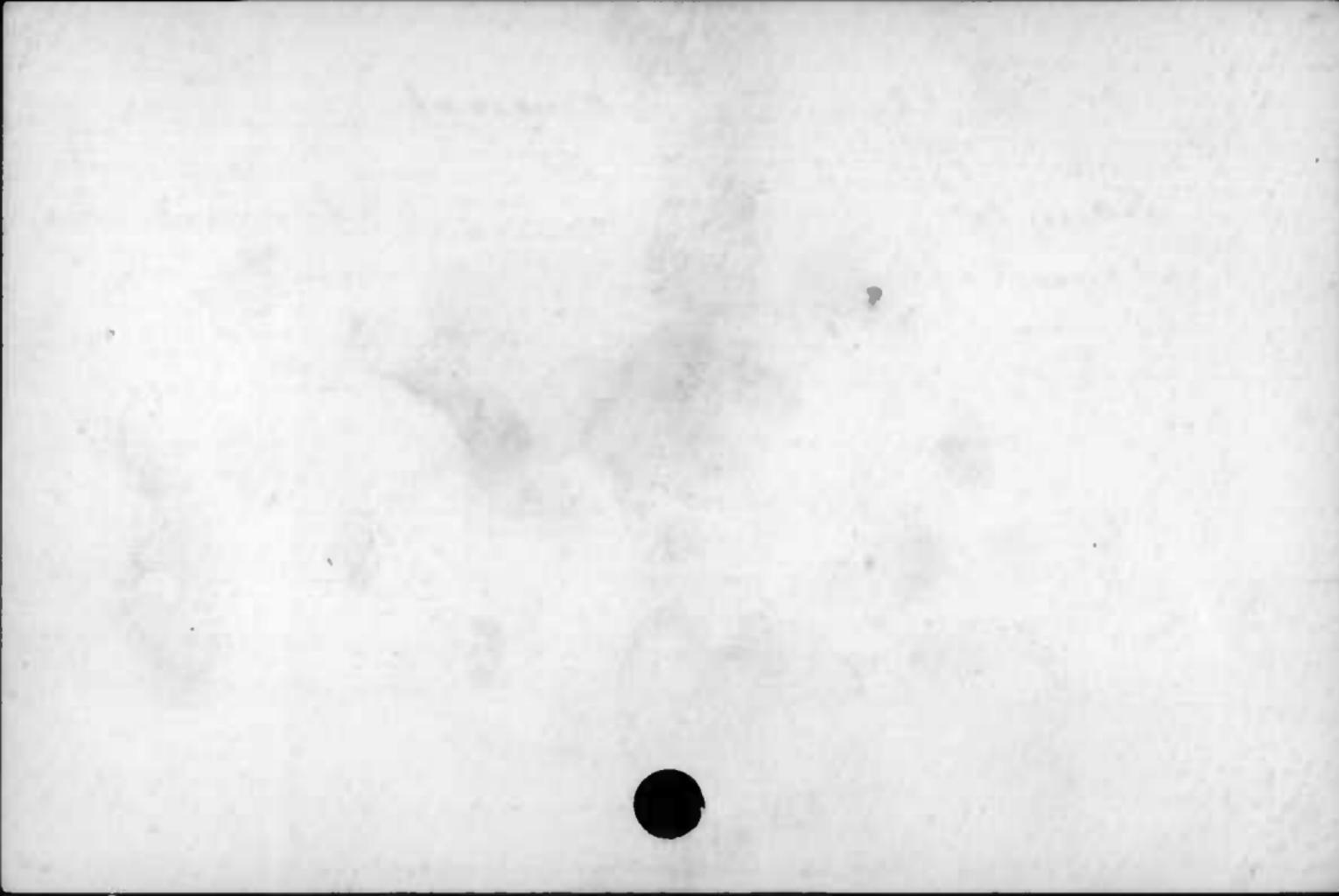
Yes

Signature of Physician

Address

Shir. W. Daingerfield
Princess Anne
Md

Accident or Suicide?



Name
in
Full

Alice anne Larson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at Larsonia	Somerset				
Date of death 1908 July 12	Month	Day	Years	Months	Days
Sex Female	Color or Race		Age	Birth place	
Occupation None	Where Residing if not at place of death			Larsonia Md	
Married, Single or Widowed Single	Name of Wife or Husband		None		
Father's Name Fred Larson	Birthplace			Larsonia Md	
Mother's Maiden Name Dora Larson	Birthplace			Pasfield Md	
Name of person giving information Fred Larson	How relative to deceased			Mother	

CAUSES OF DEATH

151

How long

How long

PHYSICIAN
OR CORONER

Primary Cause Birth -

Immediate Cause -

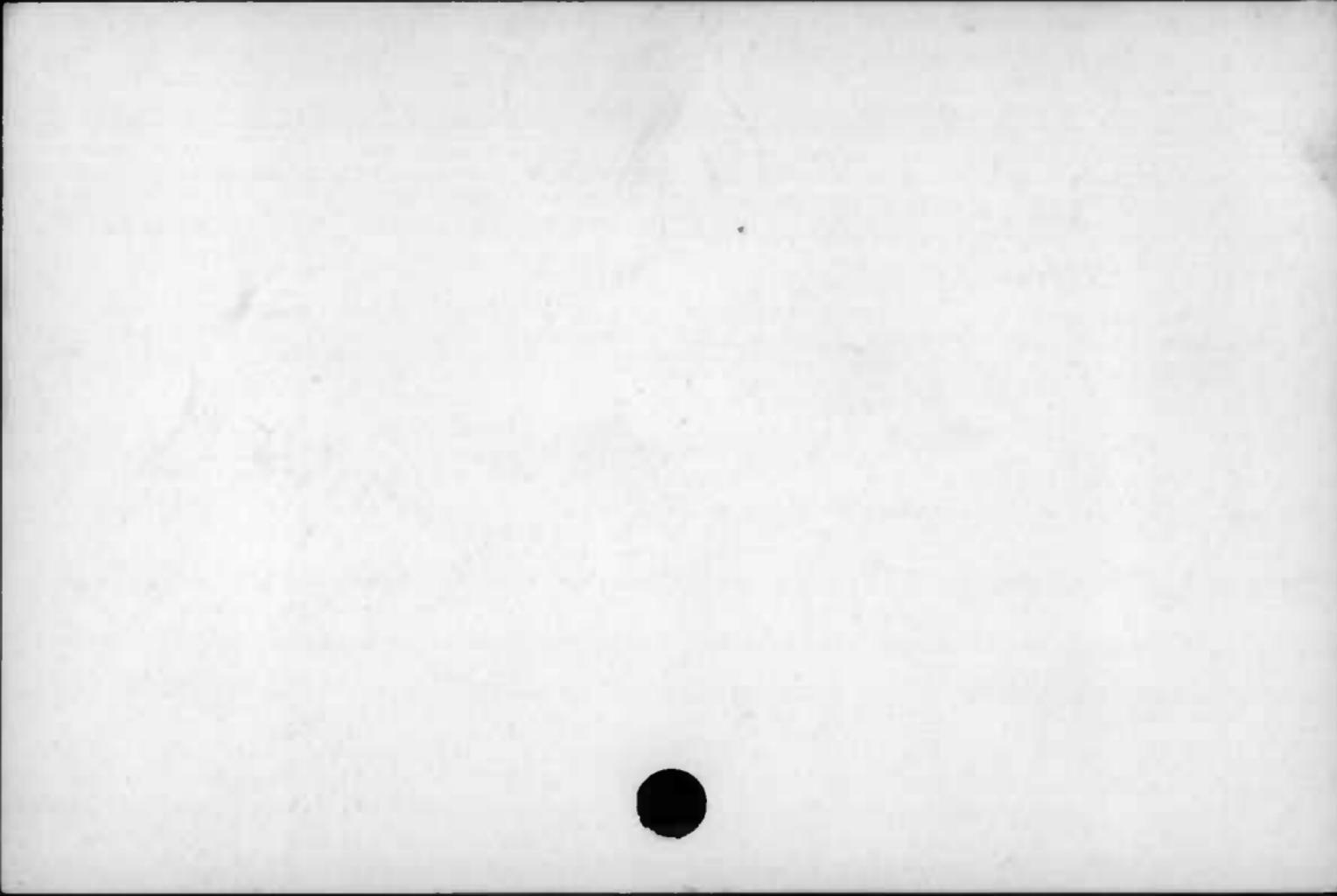
Are the name, age, sex, color, date and place correctly given above?

Signature
Physician

Address

Willy Bulboam
Crusfield Md

Accident or Suicide? No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>Josephine J. Mathewes</i>					CERTIFICATE OF DEATH	
Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	<i>Lizzie Mathews</i>			
Father's Name	<i>Henry W. Mathews</i>			Father's Birthplace	<i>Somerset Co.</i>	
Mother's Maiden Name	<i>Sarah E. Walton</i>			Mother's Birthplace	" "	
Name of person giving information	<i>James Carver</i>			How related to deceased	<i>nephew</i>	
CAUSES OF DEATH						
Primary	80					
Immediate	<i>Anemia Pectoris</i>					

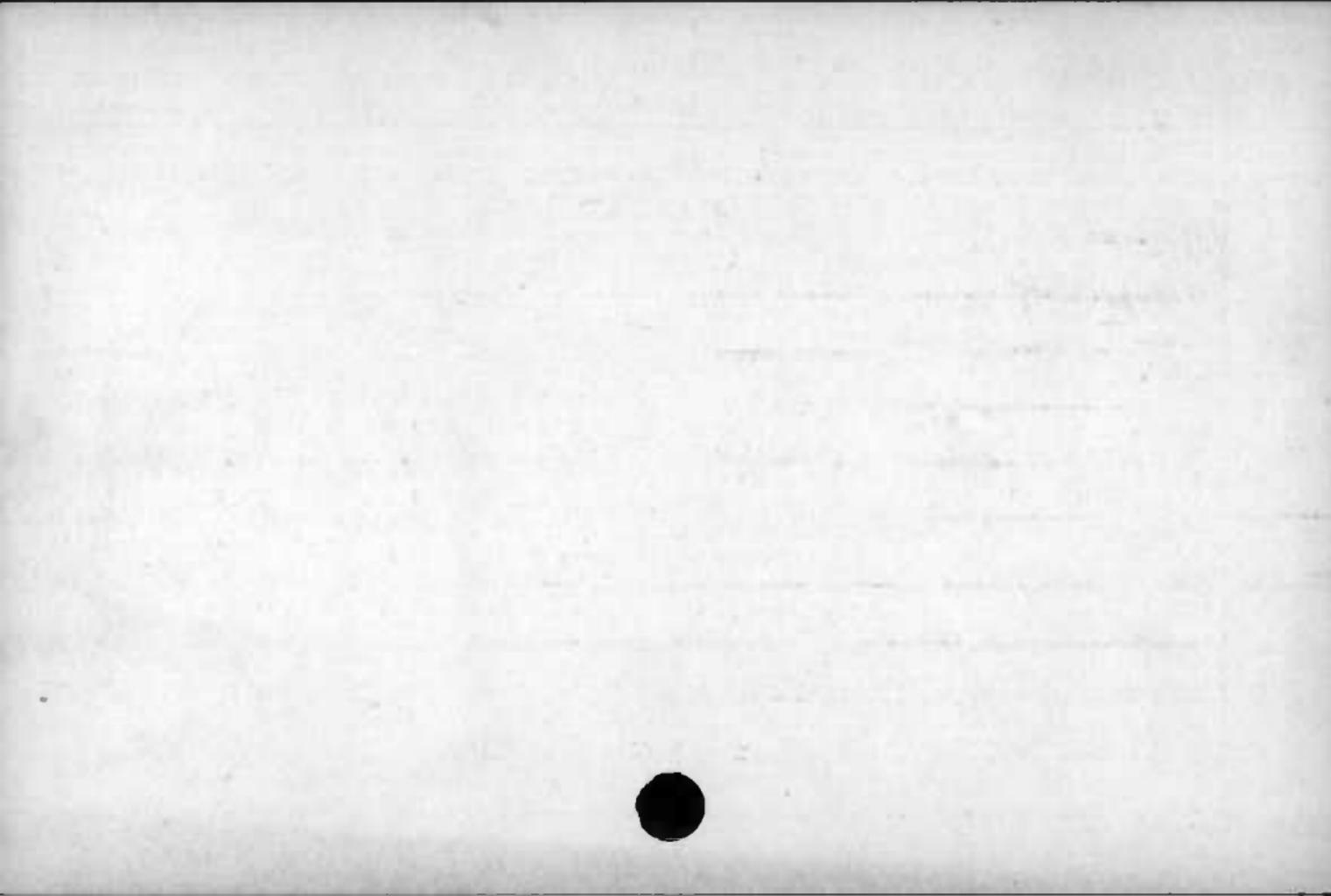
Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

Dr. J. G. B. Allen
Worson
md



Name
in
Full

Virginia A. Moore

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		
Cusfield Md		Somerset		
Date of death	Month	Years	Months	Days
1908	July	13	Age 61	
Sex	Color or Race	Birth-place		
Female	White	Somerset		
Occupation	Where Residing if not at place of death			
House work				
Married, Single or Widowed	Name of Wife or Husband	Jacob T. Moore		
Widow	Jacob T. Moore			
Father's Name	William H Chelton			
William H Chelton	Somerset Co			
Mother's Maiden Name	Caroline A Crossen			
Caroline A Crossen	Somerset Co			
Name of person giving information	Editor of Moore			
Editor of Moore	Son			
142				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gangrene (st. troc.)

How long

6 mos

Immediate

Septicemia

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

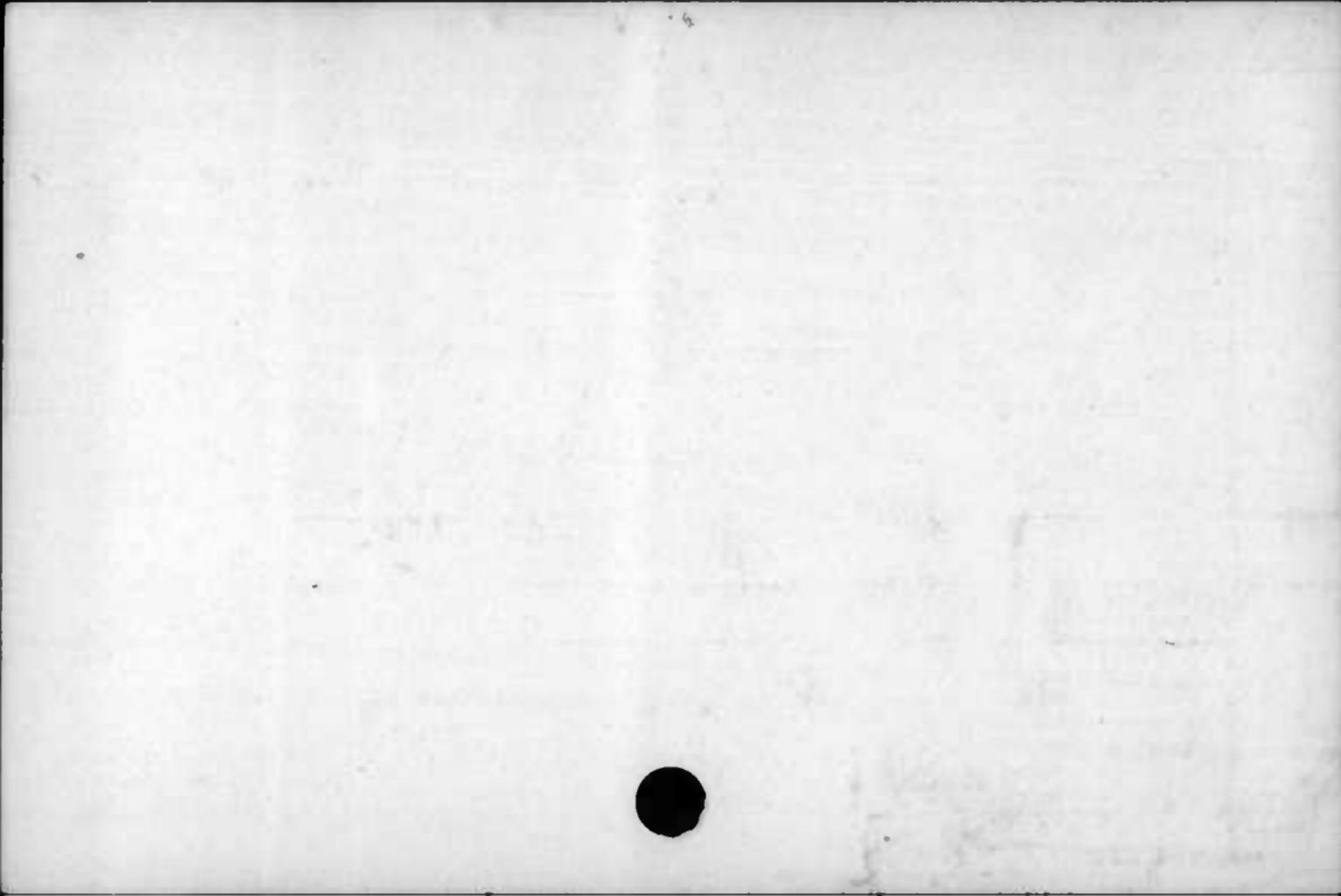
Yes

Signature of Physician

Address

CC Callinan
Cusfield

Accident or Suicide?



Name
in
Full

Joseph Muir

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at

Town
Fairmount-

County
Somerset-

MARYLAND

Date
of death

1908

Month

July

Day

29

Years

52

Age

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Fairmount-

Occupation

Merchant

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Sue - Muir

Father's
Name

Lambert - Muir

Father's
Birthplace

Fairmount

Mother's
Maiden Name

Elizabeth Howeth

Mother's
Birthplace

Fairmount

Name of person giving
Information

I knew it myself

How related
to deceased

is related

CAUSES OF DEATH

40

Primary

Gastric Carcinoma

How long

About 18 months

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

G. Dickinson

Upper Fairmount -
Md.

Do
not
permit
suicide?

Accident or Suicide?



Dr. W Landon

Landonville
Md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at

Town

County

Albert Parker

MARYLAND

Date
of death 190

Month

Day

Years

Months

Days

Aug 10

20

72

—

—

Sex

Male

Color or
Race

Birth-
place

Va

Occupation

Harvester

Where Residing if not
at place of death

West Bradford

Married, Single
or Widowed

Married

Name of Wife or
Husband

Hannah Parker

Garker.

Father's
Name

Samuel Parker

Father's
Birthplace

Va

Mother's
Maiden Name

Sassie Parker

Mother's
Birthplace

Va

Name of person giving
Information

Augustine

How related
to deceased

CAUSES OF DEATH

79

How long

Many years

Primary

Natural Disease Heart

Immediate

Are the name, age, sex, color, date
and place correctly given above?

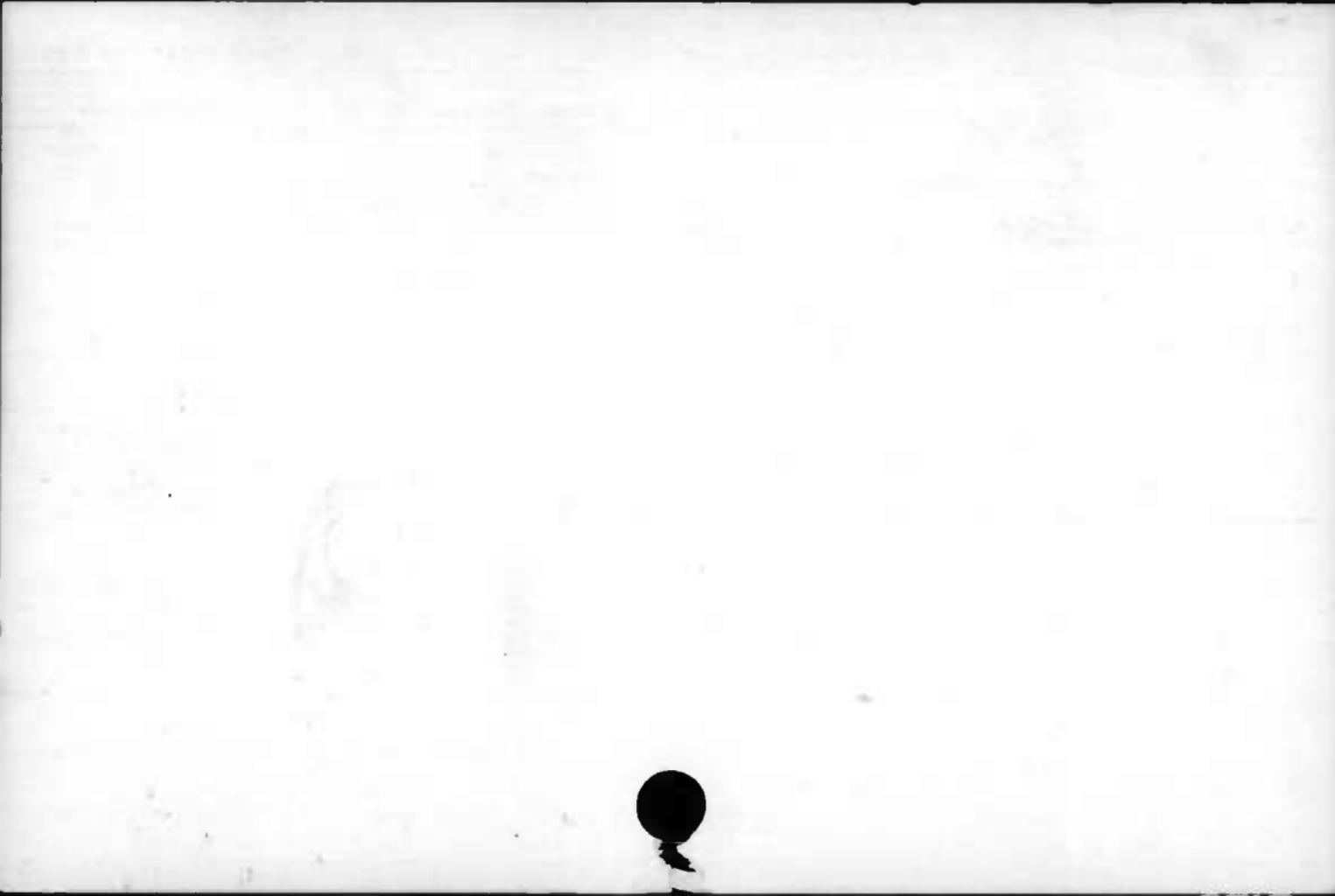
Yes

Signature of
Physician

Address

J. Somers

Accident or Suicide



Name
in
Full

Henrie Pinket

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
18 July	4		24		
Sex	Color or Race	Occupation			
Male	Black	House keeper			
Married, Single or Widowed	Married	Henry Clay. Pinket	Father's Name	Monroe	
Name of Wife or Husband	John Bounds	Rachel Hale	Mother's Name	Monie	
Father's Name	Peter Bounds	John Bounds	Father's Birthplace	Monie	
Mother's Maiden Name	Rachel Hale	Peter Bounds	Mother's Birthplace	Monie	
Name of person giving Information			How related to deceased	Brother	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Consumption

How long

Eight months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

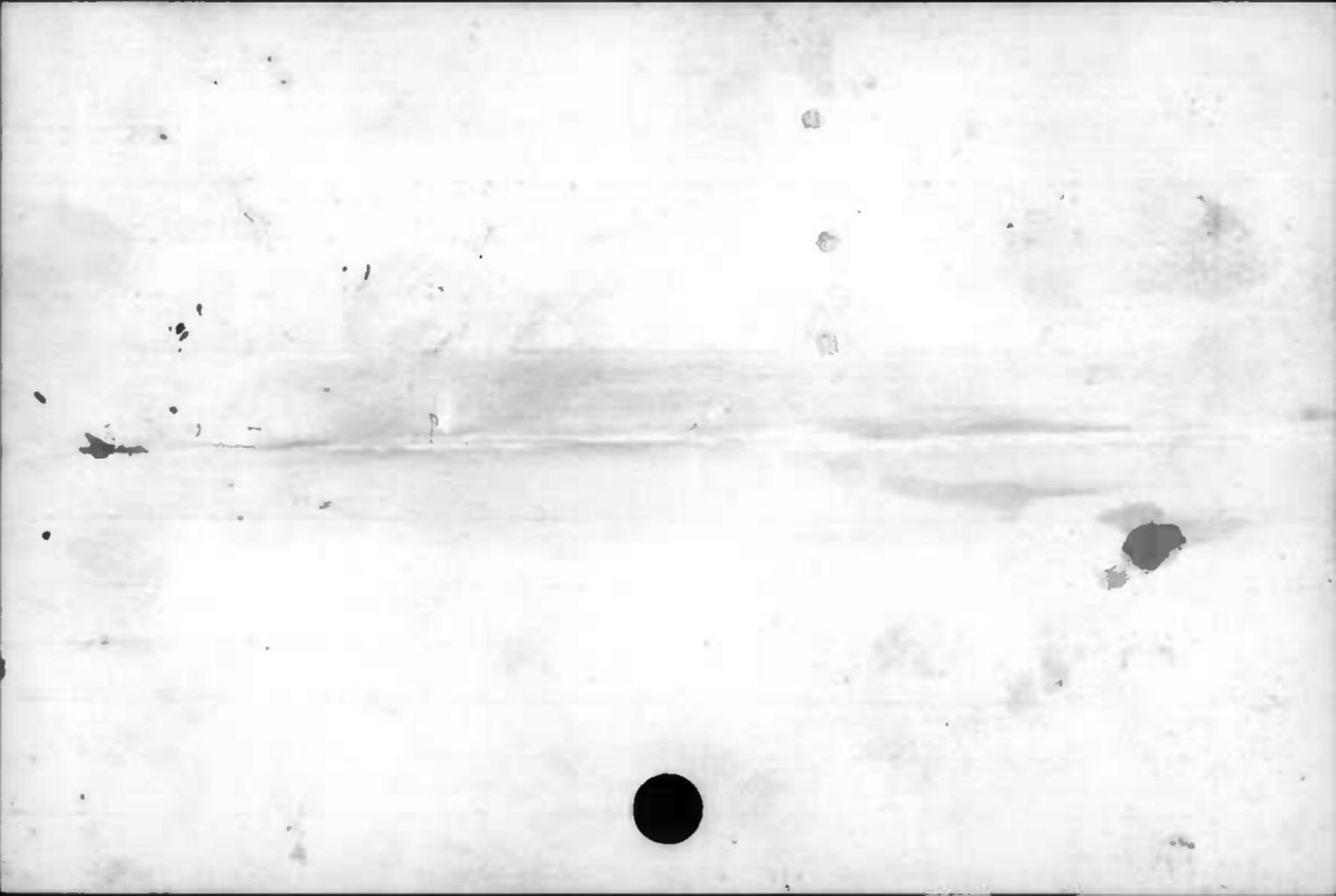
Signature of
Physician

Address

Daniel Griffey M.D.
Dr. Dan Griffey M.D.

Failure or

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

George H. Fornell					CERTIFICATE OF DEATH		
Died at Ridgoboth		Town		County	MARYLAND		
Date of death	1908	Month July	Day 16	Years 66	Months	Days	
Sex Male	Color or Race white	Age 66	Birth- place Md				
Occupation Farmer			Where Residing if not at place of death ✓				
Married, Single or Widowed Married	Name of Wife or Husband Martha Powell						
Father's Name Henry Fornell			Father's Birthplace Md				
Mother's Maiden Name Martha E. Fornell			Mother's Birthplace Md.				
Name of person giving Information Henry C. Fornell			How related to deceased Son				
CAUSES OF DEATH							
Primary Cancer of Face			44				
Immediate Exhaustion			How long 5 yrs				
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician J.W. Wilson	Address Pensacola City			
Accident or Suicide?	✓						



Name
in
Full

Mrs. Lottie V. Sands.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	Princess Anne	County	Somerset		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days		
Sex	Female		Color or Race	white	Birth-place	Norfolk Va		
Occupation	Housewife		Where Residing if not at place of death		Baltimore Md			
Married, Single or Widowed	Widow	Name of Wife or Husband	James W. Sands		Father's Birthplace	Virginia		
Father's Name	Edward Kiegus				Mother's Birthplace	"		
Mother's Maiden Name	Sarah Grimes				How related to deceased	Son-in-Law		
Name of person giving information	J. Thomas Taylor				How long	Indefinite		

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary
Hepatitis

Immediate
Aschenia

Are the name, age, sex, color, date and place correctly given above?

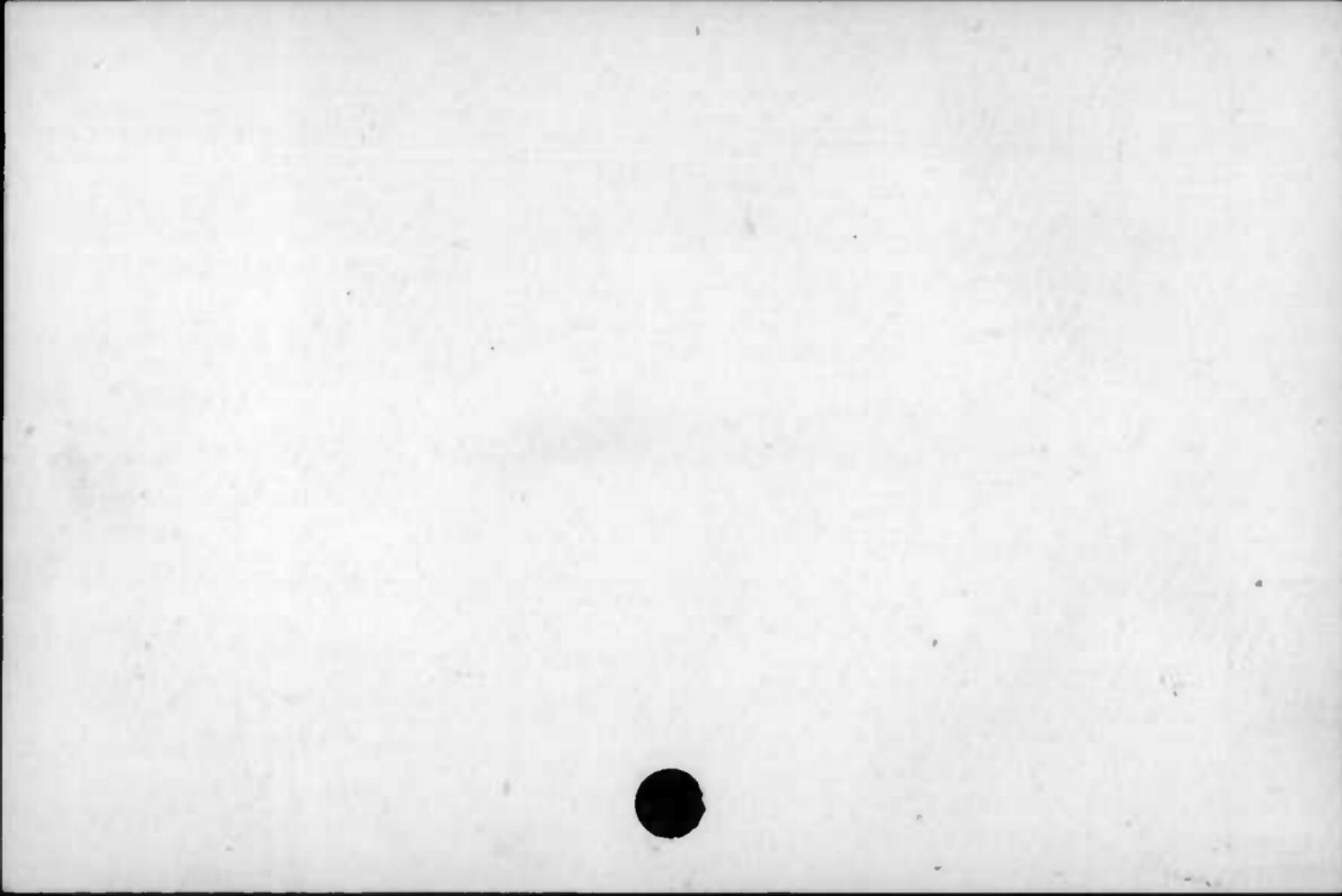
Yes

Signature of Physician

Address

Chas. W. Wainwright,
Princess Anne
Md

Accident or Suicide?



Name
in
Full

Edward R. Sterling

CERTIFICATE OF DEATH

To BE ANSWERED BY
· NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1908	July	8	Age
Sex	Color or Race	Birth-place	Months
Male	White	Crisfield	Days
Occupation	Where Residing if not at place of death	—	
Married, Single or Widowed	Name of Wife or Husband	—	
Father's Name	Edward R. Sterling	Father's Birthplace	Crisfield
Mother's Maiden Name	Annie Anderson	Mother's Birthplace	Dorchester Co
Name of person giving information	Annie Anderson	How related to deceased	Mother

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary

dysentery

How long

10 days

Immediate

11

How long

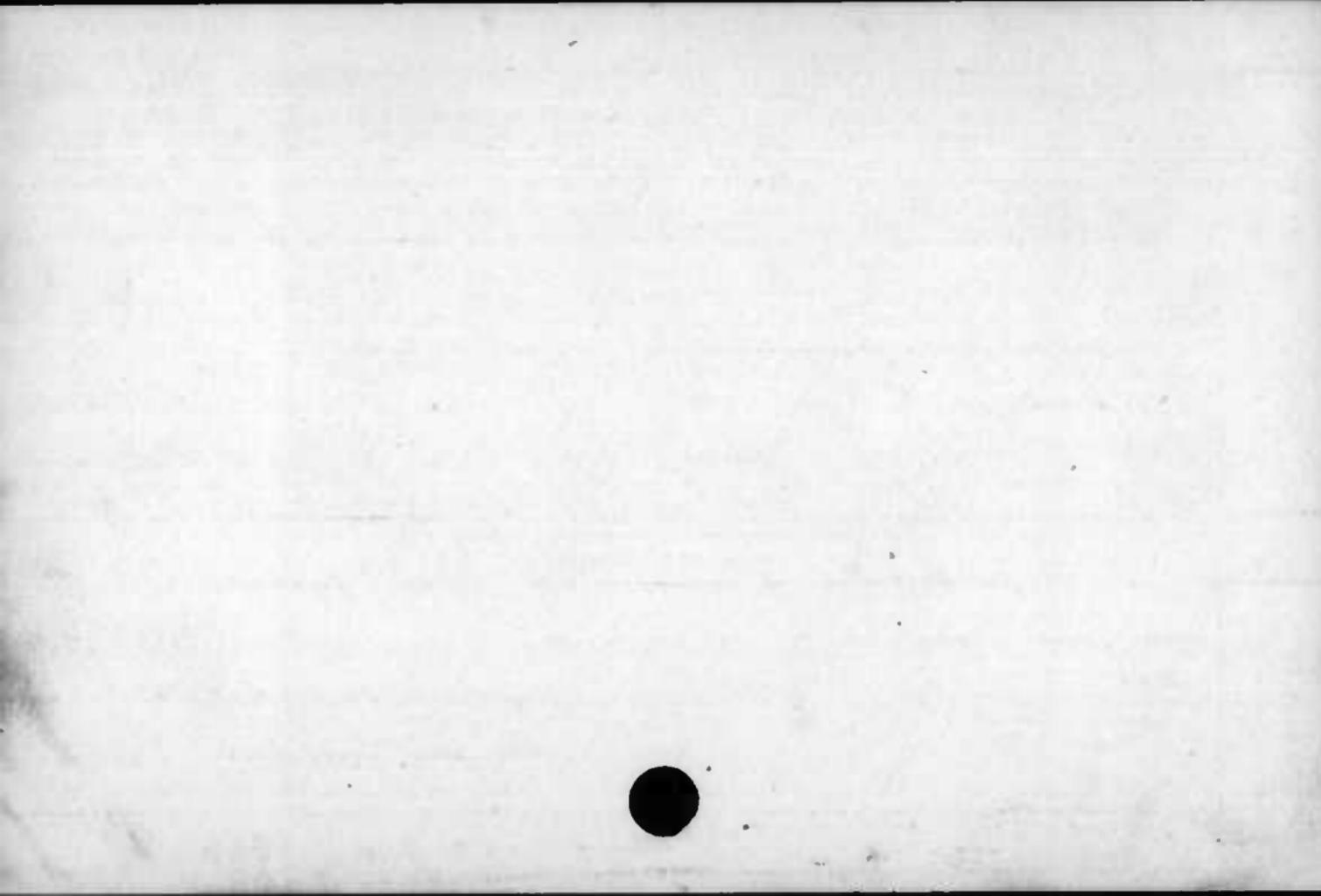
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. E. Collins
Crisfield Md.

Accident or Suicide?



Name
in
Full

Victor Stirling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

1908

Month

Day

Years

Months

Days

Brookville

Somerset

Age
Male
Color or
Race

25

—

—

Sex

White

Birth-
place

Md

Occupation

Waiter in Restaurant

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Rosa Stirling

Father's
Birthplace

Md

Mother's
Maiden Name

Not known

Mother's
Birthplace

Md

Name of person giving
Information

Foster farm, Eliz Daugherty

How related
to deceased

Md

CAUSES OF DEATH

(27)

Primary

Cholecystitis

How long

6 mos

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

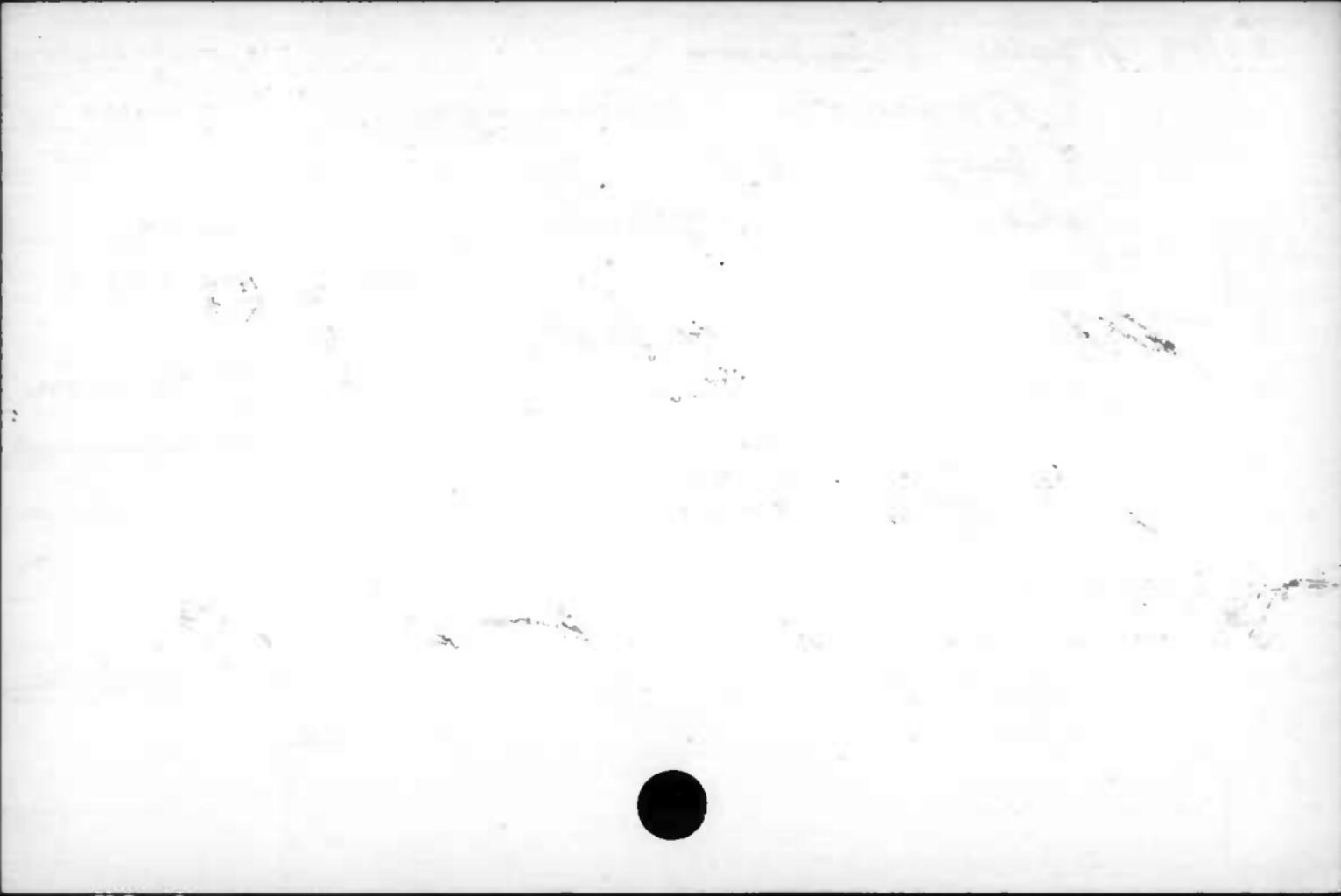
Signature of
Physician

Address

J F Somers
Brookville, Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Wm Wesley Trigham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month July	Day 10	Years 72	Months —	Days —
Sex Male	Color or Race Black	Birth-place Marion			
Occupation Farmer	Where Residing if not at place of death Near Marion				
Married, Single or Widowed	Name of Wife or Husband	dont know			
Father's Name Harry W. Trigham	Father's Birthplace Marion				
Mother's Maiden Name dont know	Mother's Birthplace not known				
Name of person giving Information Joe Trigham	How related to deceased Brother				

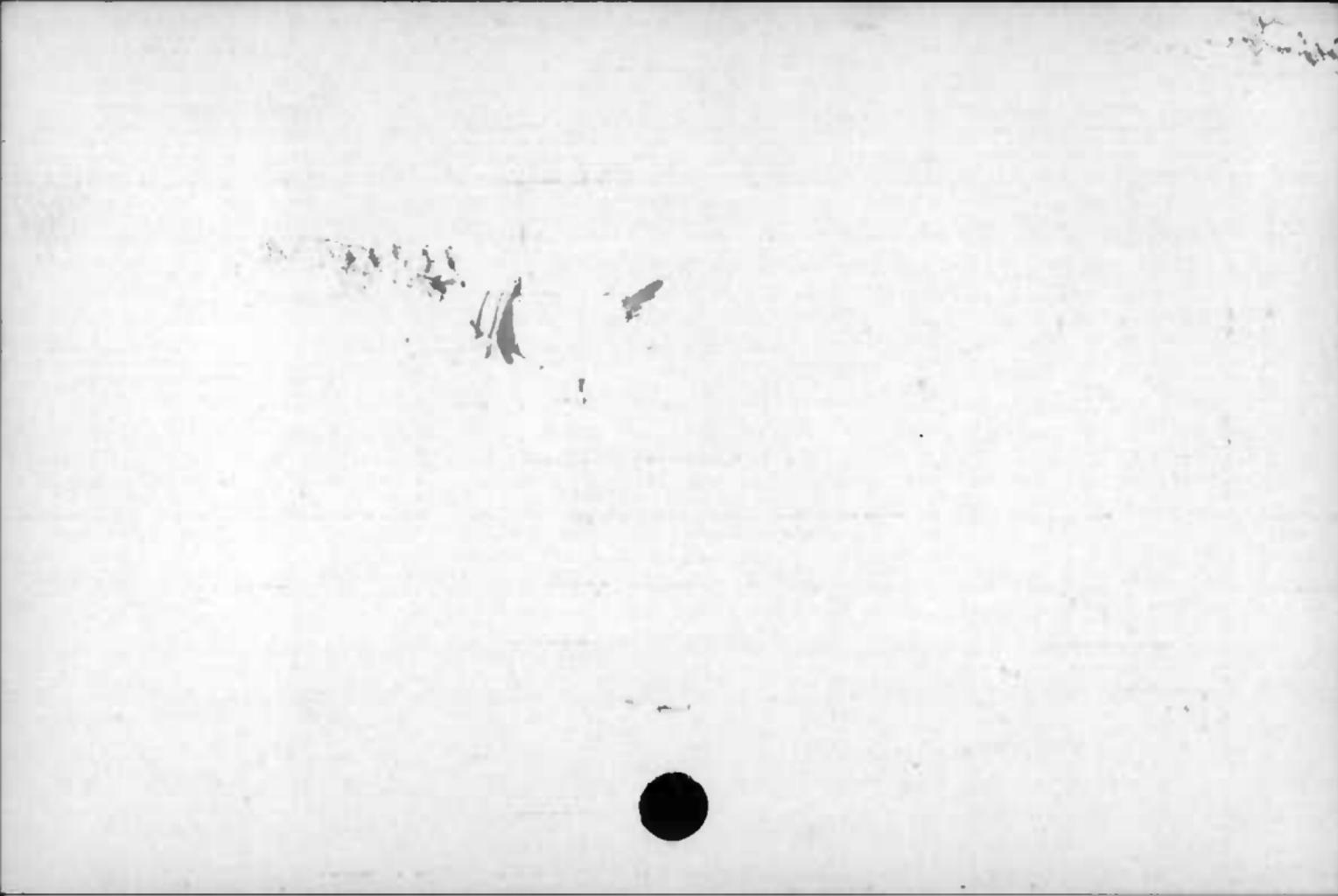
CAUSES OF DEATH

64

How long

PHYSICIAN
OR CORONER

Primary		
Immediate	Appleying	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?	George - E. A. Lankford Sub. Reg. Marion Station Ind.	



Name
in
Full

Mary Wallace

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Town County
Dover Shores Somersart

MARYLAND

Date of death	Month	Day	Age	Years	Months	Days
1908	July	2nd	87			
Sex	Color or Race		Birth-place			
Female	white		Som. Co.			
Occupation	Housewife			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		John Wallace			
Father's Name	John Knob		John Knob			
Mother's Maiden Name	John Spear		John Spear			
Name of person giving Information	John Wallace					

10

How long

2 weeks

How long

PHYSICIAN
OR CORONER

Primary

Lapopfer

Immediate

as thema

Are the name, age, sex, color, date
and place correctly given above?

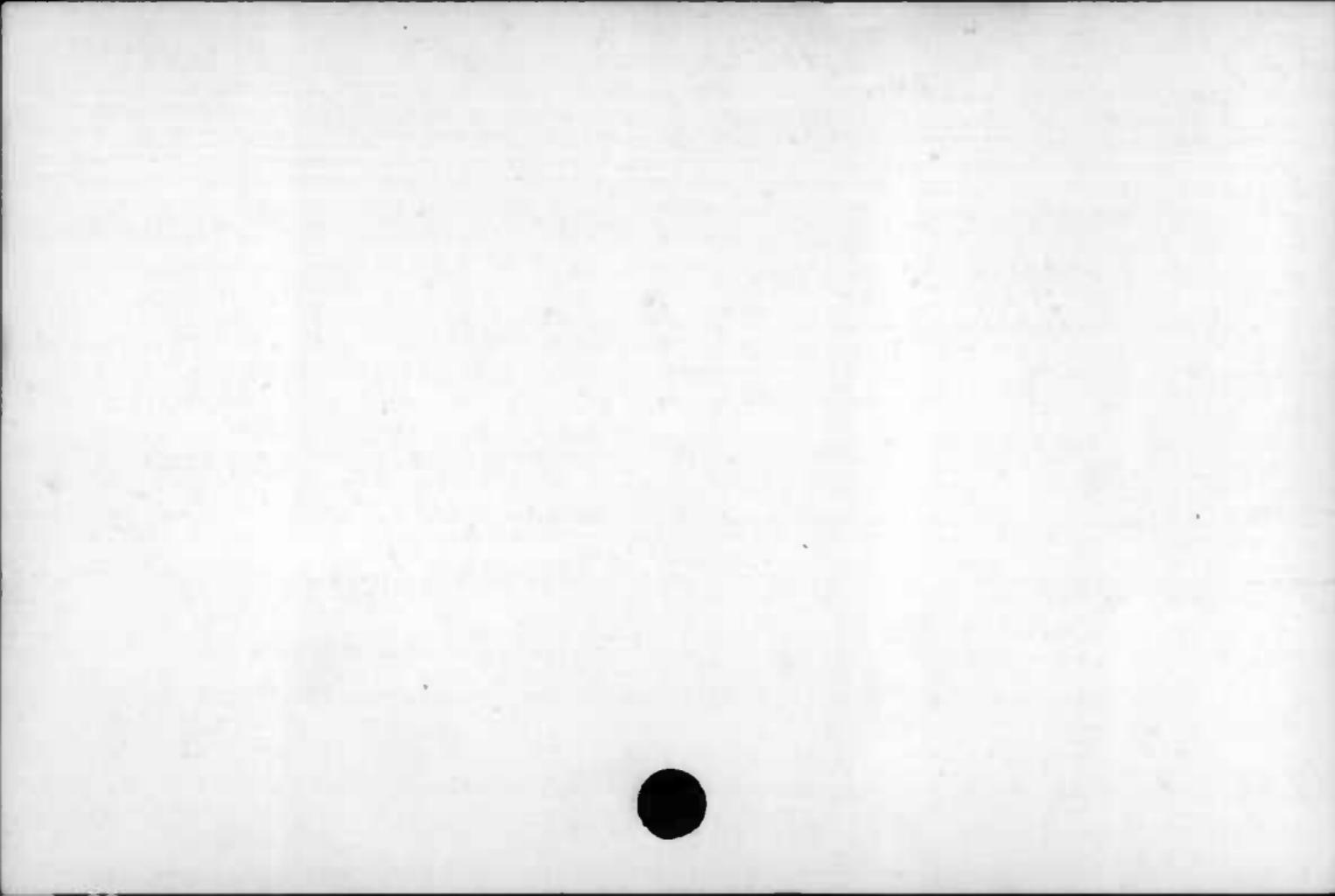
Signature of
Physician

Address

9

S. J. Wardsswold
Debtors Association
Som. Co., Md.

Accident or Suicide?



Name
in
Full

Mary A. Wallace

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	73	—	—
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Samuel R. Wallace			
Father's Name	Wm Price	Somerset Co			
Mother's Maiden Name	Sarah Brodshower	Mother's Birthplace			
Name of person giving information	J.A. Wallace	How related to deceased			

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary

Epithelioma (Vaginal)
Arteria

How long

7 months

Immediate

How long

1 mo -

Are the name, age, sex, color, date and place correctly given above?

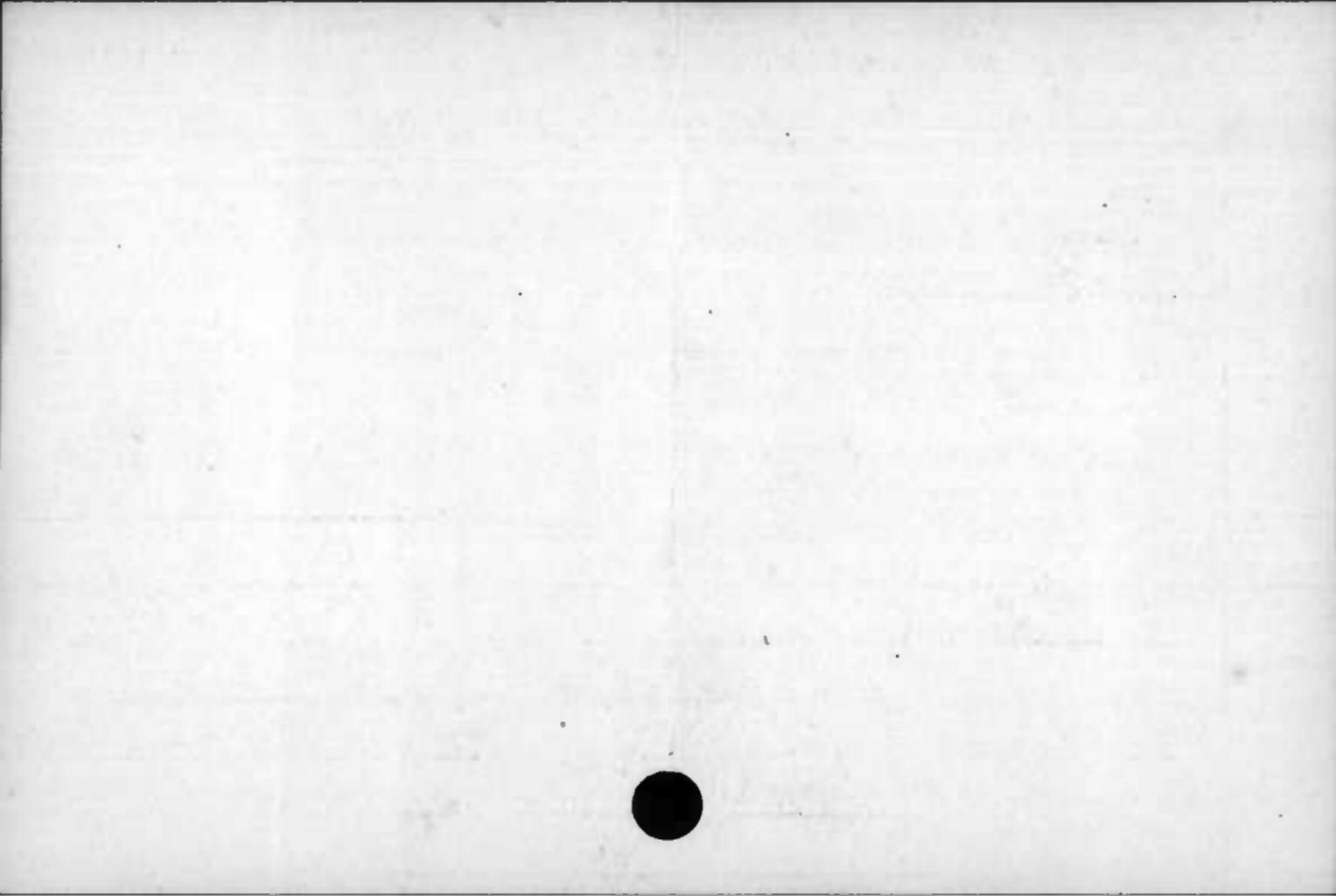
Signature of Physician

Address

Yes

J.H. Alexander
Somerset Co.

Accident or Suicide?



Name
in
Full

Wm Schorfield Washington

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Pugnacess

County

Somerset

MARYLAND

Date
of death

1908

Month

7

Day

2

Years

Age

Months

4

Days

0

Sex

Male

Color or
Race

Black

Birth-
place

Mad

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

✓

Name of Wife or
Husband

✓

Father's
Name

Gorfield Washington

Father's
Birthplace

Mad

Mother's
Maiden Name

Fannie Wilson

Mother's
Birthplace

Mad

Name of person giving
Information

Dr. Parker

How related
to deceased

CAUSES OF DEATH

105

How long

6 days

How long

Primary

Chorea in action

Immediate

Asthma

Are the name, age, sex, color, date
and place correctly given above?

7-0

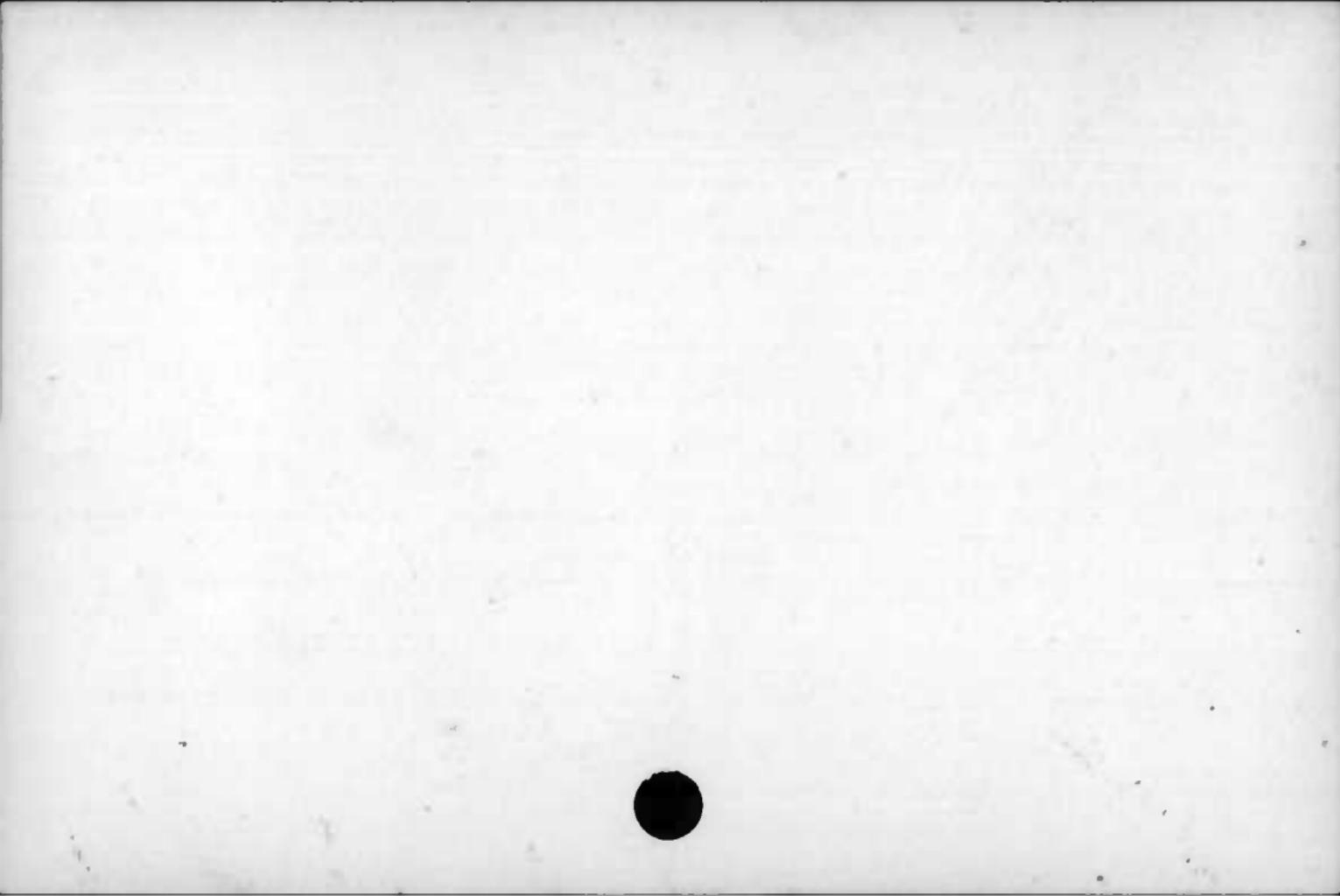
Signature of
Physician

J. J. Smith M.D. (not in attendance)

Address

Benson Ocean and

Accident or Suicide?



Name
in
Full

Hattie White

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

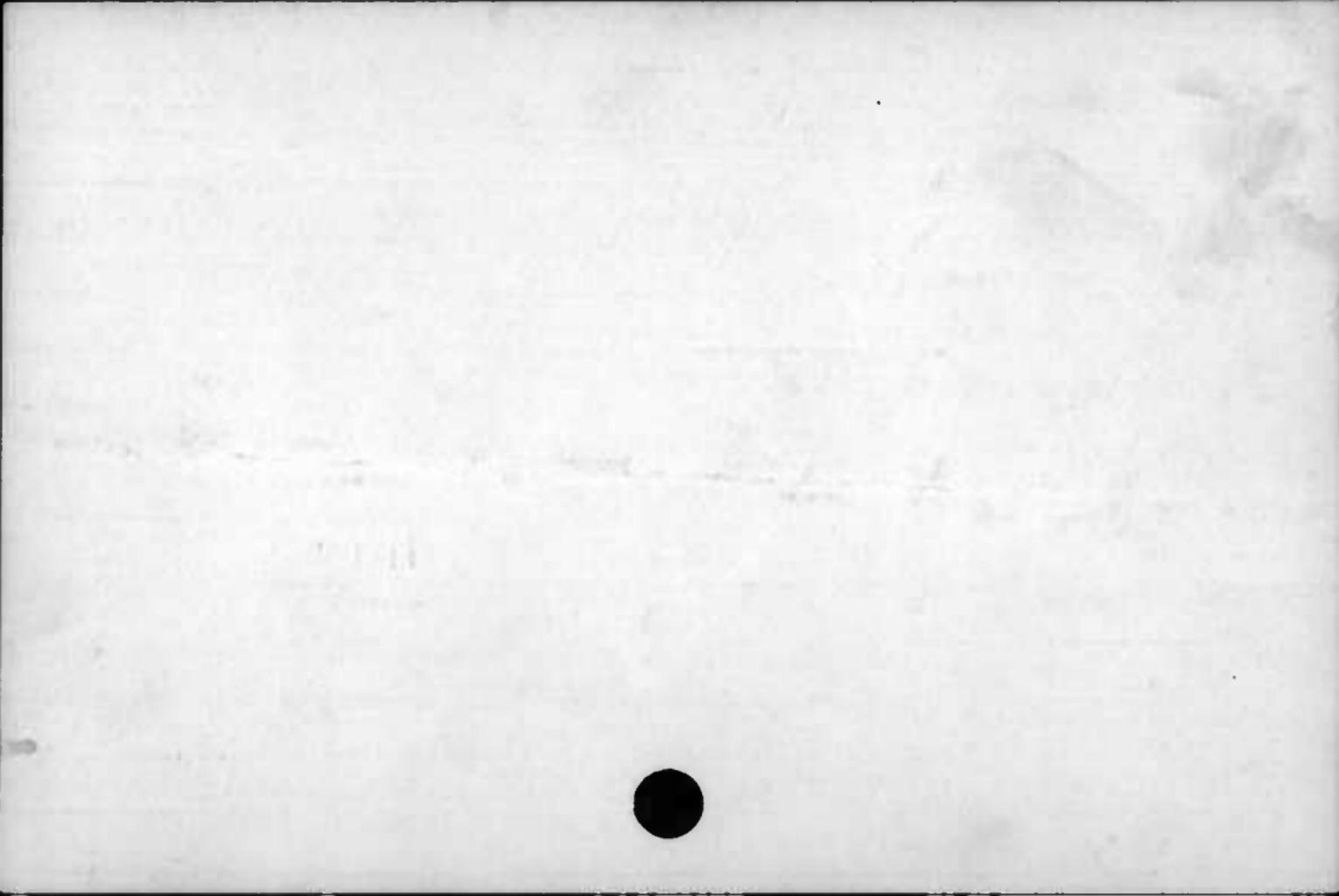
Died at <u>Near Princess Anne</u>			County <u>Somerset</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>26th</u>	Years	Months	Days	<u>42</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Somerset Co. Md.</u>			
Occupation <u>None</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Daniel W. White</u>			Father's Birthplace <u>Ind -</u>			
Mother's Maiden Name <u>Sarah Hattie Green</u>			Mother's Birthplace <u>Ind.</u>			
Name of person giving Information <u>Daniel W. White</u>			How related to deceased <u>Father -</u>			

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	How long <u>How long</u>	
Immediate <u>Acute nephritis</u>	How long <u>Ever since birth</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Chas. J. Fisher M.D.</u>	Address <u>Princess Anne</u>
Accident or Suicide? <u>No</u>		



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Whittington

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Marion Md	
Father's Name	d H Whittington			
Mother's Maiden Name	Janie Brougham			
Name of person giving Information	Mary Whittington			
Mother's Birthplace 2 Semmes' Station				
How related to deceased Father				

CAUSES OF DEATH

179

Primary

Granition fever

How long

2 or 3 wks

Immediate

General Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

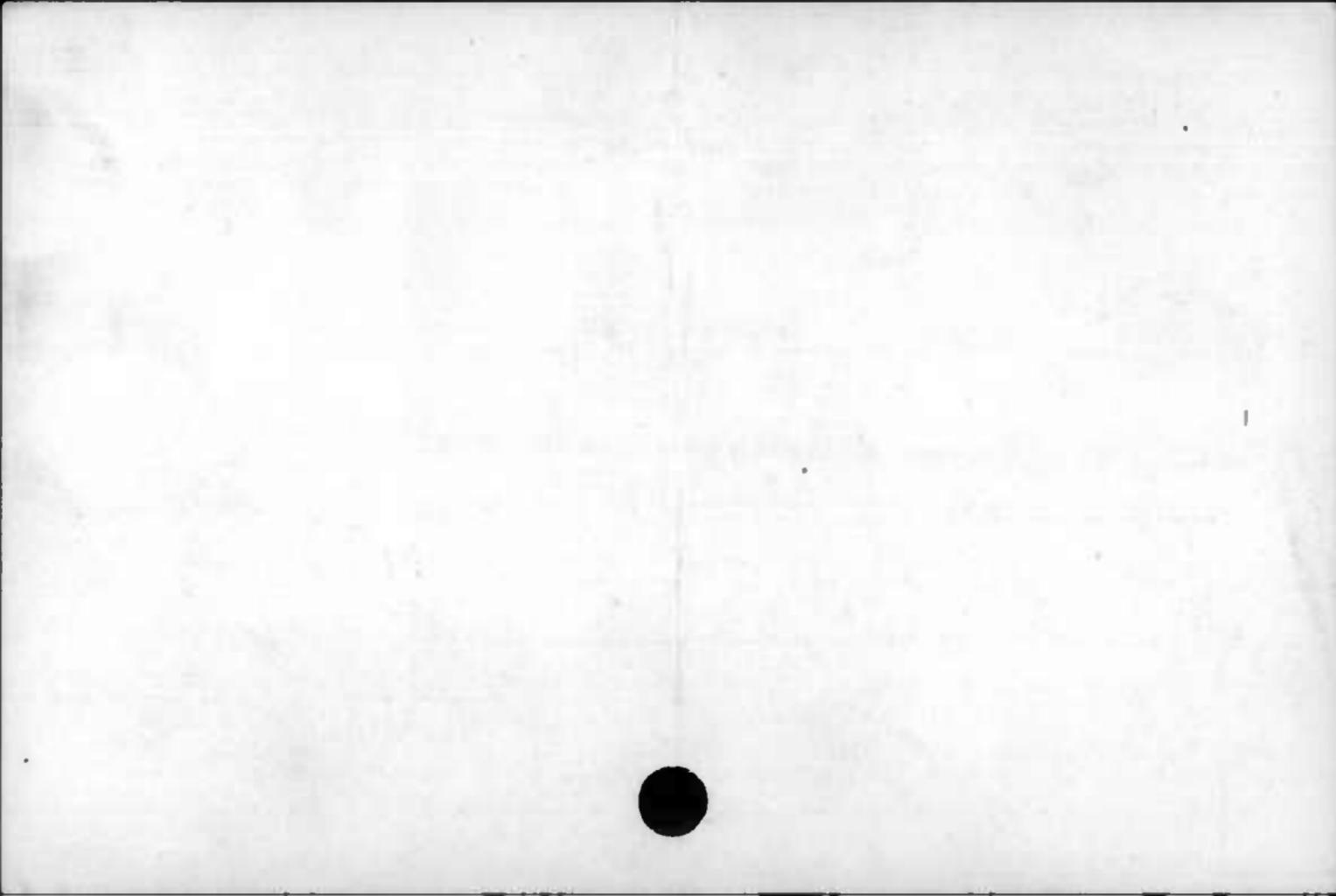
Address

Dr J A B Allen

Marion

Md

Accident or Suicide?



Name
in
Full

Christine Young

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <i>Maryland</i>		County <i>Somerset</i>		MARYLAND		
Date of death 1904	Month <i>July</i>	Day <i>29</i>	Years Age 1	Months 4	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>				Birth- place <i>Somerset Co.</i>	
Occupation <i>Child</i>	Where Residing if not at place of death					
Married, Single or Widowed <i>Child</i>	Name of Wife or Husband <i>—</i>					
Father's Name <i>Garfield Young</i>				Father's Birthplace <i>Somerset Co.</i>		
Mother's Maiden Name <i>Orleanna Ward</i>				Mother's Birthplace <i>Somerset Co.</i>		
Name of person giving Information <i>Garfield Young</i>				How related to deceased <i>Father</i>		

CAUSES OF DEATH

1

How long

2 or 3 weeks

How long

Primary

Typhoid Fever

Immediate

General debility

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Dr. J. G. B. Alley
Maryland
Md.

Accident or Suicide?

